Tennessee

UNIFORM APPLICATION
FY 2008 - STATE IMPLEMENTATION REPORT

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

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Center for Mental Health Services
Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

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Table of Contents

State:
Tennessee

Tennessee

Adult - Summary of Areas Previously Identified by State as Needing Improvement

Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

I. Adult – Report summary of areas identified in the prior FY's approved Plan as needing improvement

The narrative below discusses strategies implemented during SFY08 to address areas of need identified in "Section II: Identification and Analysis of the Service System's Strengths, Needs, and Priorities" of the 2008 Tennessee Community Mental Health Services Block Grant Plan.

1) Expansion of crisis stabilization services into each region of the state

As part of the move toward a statewide carved-in managed care service system, funding was allocated to increase community alternatives to hospitalization, resulting in three crisis stabilization programs being put in place prior to implementation of the Middle Tennessee carved-in system in April 2007. Plans are underway to expand both mobile crisis and respite services in Memphis, Shelby County, and add four new Crisis Stabilization Units (CSUs); two in east and two in west Tennessee service areas. This would expand crisis stabilization services into each of DMHDD's seven mental health service regions.

During FY08, nearly 50% of adults receiving services through existing CSUs had no insurance coverage for this service. In light of TennCare's recent decision to no longer reimburse for crisis services to non-TennCare service recipients, temporary funding is being provided by DMHDD through FY09 while alternate on-going resources are sought. Depending on the extent of state budget cuts, it is possible that the number of new CSUs will be decreased or be limited in access to persons without TennCare.

2) Financial support for indigent medications

Beginning January 1, 2007, Tennessee launched CoverRx, a prescription assistance program for low-income citizens between the ages of 19 and 64 who do not have prescription benefits but need medication, which currently serves 20,277 members. Benefits include access to approximately 250 medications with a sliding-scale co-pay. Many community providers work with local pharmacies to decrease the costs of medications, provide sample medications where possible and assist service recipients to access pharmacy assistance programs through various pharmaceutical companies and some faith-based assistance programs.

3) Integration of services to include co-occurrence services and medical services

By January 2009, TennCare, Tennessee's Medicaid program, will provide medical and behavioral health care services to Medicaid-eligible adults through a fully integrated managed care system. Instead of each enrollee being assigned to an MCO for their physical health services and a BHO for their behavioral health services, the enrollee will be assigned to a single MCO that will manage their physical health, mental health and substance abuse services.

4) Additional funding for existing services to increase access

DMHDD has received no improvement dollars in its budget allocation for several years and, given the current state and national economic projections, is not likely to in the near future. DMHDD community contract agencies have not had a cost of living adjustment in more than ten years, and contracted programs are struggling to keep up with the demand for services and the rising costs of doing business.

There are nineteen agencies participating in the Mental Health Safety Net (MHSN) program providing a core clinical services package for adults with SMI disenrolled from TennCare during waiver reform. The MHSN program is funded through a separate state allocation. Participating agencies received both administrative (5%) and fee for service (2.5%) rate increases in FY07 and FY08, respectively.

5) Increased employment opportunities

The Creating Jobs Initiative (CJI) continues to be largely unfunded. However, one regional agency has secured recurring funds through a legislative allocation and has a fully operational Employment Resource Center.

Collaborative efforts with the Division of Vocational Rehabilitation Services (DVR) have significantly strengthened. In December 2007, the Director of Employment Planning and Development participated in Supported Employment training conducted by DVR in each of their eight regional service areas. All regional DVR counselor staff attended these trainings. A significant focus of the training was providing Supported Employment services to persons with a serious mental illness. DMHDD staff presented on topics related to understanding recovery concepts, documentation DVR counselors can expect from mental health providers, and wellness management tools (BRIDGES, WRAP, and Illness Management and Recovery). The training was well-received and led to a significant increase in DVR referrals for consumers of mental health services.

As a joint effort, DMHDD and DVR initiated a Transitional Supported Employment pilot project in three locations. This program is designed specifically for persons with a mental illness or co-occurring disorder and provides an opportunity for the consumer to have up to four sequential job placements until the person reaches his/her potential. It is expected that this program will be implemented statewide in FY09. Traditionally, DVR only accepted diagnostic information from a physician or licensed psychologist, but has now agreed that a psychiatric nurse practitioner can provide the information. DVR has fully implemented a streamlined referral process for mental health centers that significantly reduces the amount of documentation required. These two changes have decreased the time for eligibility determination from several weeks to a few days.

DMHDD transfers $673,400 to DVR to leverage $4,822,065 in federal funds to provide employment services for persons with a mental illness or co-occurring disorder.

Other activities related to increasing the availability of employment options for individuals with SMI include:

- Communication with state oversight staff of the Tennessee Career Centers and Disability Navigators to further 'open doors' for mental health staff and consumers.
- Participation of CJI staff in University of Tennessee Center on Disabilities and Employment provider meetings in Memphis, Jackson, Paris and Columbia.
- Presentation to the Knoxville Area Employment Consortium about CJI and current initiatives with DVR - over 90 people in attendance.
- Continued collaborative recovery-focused efforts with managed care organizations providing integrated benefits under TennCare.

6) Additional licensed mental health professionals, especially in rural areas

DMHDD actively seeks relationships with area universities and colleges to provide educational activities, internships, and clinical rotations for a variety of mental health care disciplines including nursing, psychiatry, pharmacy, physician assistant, social work and occupational therapy, allowing students to become aware of opportunities available in the public mental health sector. DMHDD completed calculations necessary to request designation as a "Federal Mental Health Professional Shortage Area", especially for psychiatrists. The state is also seeking to identify positions in which peer support specialists can be utilized most effectively.

7) Evaluation of carve-in managed care system outcomes

When the Middle Tennessee service area was contracted to provide services under a fully integrated carved-in managed care health system, both DMHDD leadership staff and the stakeholder community were hopeful that there would be adequate time for a benefits/deficits evaluation of the model prior to statewide implementation. The time frame agreed upon between the Centers for Medicare and Medicaid (CMS) and the Department of Finance and Administration, Bureau of TennCare, did not allow for this activity.

8) Impact of the implementation of Cover Tennessee initiatives

The Governor's Cover Tennessee initiatives have been largely successful. Over 20,000 adults are receiving prescription assistance through CoverRx; over 4,000 seriously ill and uninsurable adults now have comprehensive health insurance through AccessTN; and nearly 16,000 adults receive basic health coverage through a small business employer or as a self-employed person under CoverTN.

Governor Bredesen recently announced that rates will not increase in 2009, some benefits will be expanded, and some co-pays will be reduced. The state pays one-third of the monthly premium, the employer has the option of paying one-third, and the employee pays one-third. Each third currently averages approximately $54 per month.

In September, in response to difficult economic times and state unemployment rates, CoverTN eligibility was expanded through the "Tennesseans Between Jobs" program. The program is for unemployed persons who have lost a job in the past six months, worked at least one 20-hour week since then and earned less than $43,000 per year at their most recent job. Eligibility is also open to workers who lost commercial insurance coverage because of having hours reduced to part-time status.

It is believed that, cumulatively, these programs have served to decrease the numbers of non-Medicaid eligible persons seeking services through the state publicly funded clinical services systems.

9) Assuring widespread adoption of a recovery orientation at all levels of state and local service agencies

Educational seminars were held in each of the five state psychiatric hospitals (RMHIs) on the subject of recovery. The lead trainer for the seminars was Ike Powell, a Certified Psychosocial Rehabilitation Practitioner and an internationally known facilitator who is an expert on the subject of recovery for mental health consumers. The agenda included inpatient provider staff who talked about how they were implementing recovery principles on their units.

Three of the state's five RMHIs have active Peer Support Centers located within the facility and a fourth, while having no actual PSC site, is doing recovery work with patients including WRAP plans.

Three regional forums on recovery and resiliency were held in Jackson on November 2, 2007, Oak Ridge on November 9, 2007 and Nashville on January 11, 2008. TDMHDD, NAMI-TN, TMHCA, and TN Voices collaborated with Magellan Health in the planning and implementation of the Jackson and Oak Ridge forums. The Nashville forum collaboration was with AmeriChoice and AmeriGroup. Bill Anthony from the Center for Psychiatric Rehabilitation was the keynote speaker. The purpose of the forums was to educate family members, consumers and providers on the principles and philosophy of recovery and resiliency. Approximately 700 people attended the three forums statewide.

10) Continued outreach to adults eligible for MHSN services

FY08 was the third fiscal year of service availability through the nineteen CMHAs participating in this program, and outreach has become a part of routine assessments for service need. As of July 7, 2008, 15,988 adults were enrolled in the program with 10,843 persons served. The number of adults served through this program has decreased by nearly 12% since its inception. As of January 2009, DMHDD will rename this program. The newly named Behavioral Health Safety Net (BHSN) will not be limited to TennCare disenrollees, serving adults with SMI who are without health care insurance and require or are court-ordered to receive services. The latter category were previously served through the TennCare managed care system under so-called 'state only' or 'judicial' criteria.

11 Increased outreach to underserved older adult populations

The DMHDD Director of Older Adult Services coordinates and collaborates with a variety of state and community advisory groups to increase awareness of need and access to appropriate peer and treatment serviced for older adults. These include the Geriatric Mental Health Foundation, the TN Commission on Aging and Disabilities Advisory Council and the TN Vulnerable Adults Coalition. Staff also maintained a booth display at the Senior Boomer Expo, which boasted participation of thousands of older adults from thirteen Middle TN counties. During FY08, there were slight increases in MHSN services to adults age 65 and older and a significant increase in screening and counseling services through the Department's four older adult services projects.

12) Continued efforts in recruitment and retention of DMHDD staff and community providers

Continued efforts in recruitment and retention of DMHDD staff and professionals serving in the state mental health system are discussed under #6. While DMHDD has no responsibility or authority related to recruitment and retention of community provider staff, the Department continues to advocate for the allocation of adequate financial resources to agencies so that they might accomplish contractual responsibilities without undue financial burden.

Tennessee

Adult - Most Significant Events that Impacted the State Mental Health System in the Previous FY

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

II. Adult - Report summary of the most significant events that impacted the Tennessee mental health system in the previous FY

- ***TennCare piloted a fully integrated primary and behavioral health care service system for the Middle Tennessee service area.***

In April 2007, TennCare established a 'carved-in' model of integrated medical and behavioral health care for TennCare recipients in the Middle Tennessee service area. East TN is scheduled to follow that same integration strategy beginning November 1, 2008 and West TN by January 1, 2009. All services will then be contracted through four Managed Care Organizations: BlueCare, AmeriChoice, AmeriGroup and TennCare Select. (TennCare Select is operated by BlueCross BlueShield and serves special children and youth enrollee populations.) With an enrollment of approximately 1.2 million persons, Tennessee is the only state to serve 100% of its Medicaid population through a managed care system.

As TennCare moves to a fully at-risk, integrated service contract, it plans to divest itself from any service responsibilities for non-Medicaid covered individuals. Unfortunately, this planned shift in service responsibility to the State Mental Health Authority has not yet been accompanied by a corresponding shift in comparable funding.

- ***Crisis stabilization services were expanded in the Middle Tennessee service area.***

Currently, three fixed units in the Middle TN service area provide triage, crisis stabilization and referral for medically stable adults who present in a psychiatric crisis but do not require hospitalization. By January 1, 2009, four additional crisis stabilization units are to be operational; two in eastern regions and two in western regions of the state. Prior to implementation of the new services, the DMHDD Crisis Redesign Committee provided a Crisis Training Curriculum for statewide managed care staff, crisis service providers and local Emergency Room staff. Current funding realities may limit DMHDD financial support or access eligibility for these projected services.

- ***Piloting of a faith-based alternative to traditional services for minority populations in the Memphis area.***

A legislative appropriation sponsored by Representative Gary Rowe funded a pilot project by churches in Shelby County. The goal of this program is to de-stigmatize the need for mental health services and make caring for one's self emotionally as important as caring for one's self physically by the union of the church and mental health professionals. The program targets, but is not limited to, the African American community where services are under-utilized.

Six local churches have teamed up to domicile "Emotional Fitness Centers" facilities. Individuals can go to these churches to get emotional fitness screenings; a physical if needed or desired, and get a referral for counseling and/or further medical services.

Each site has Peer Advocate Liaisons (PALS), soon to be Certified Peer Specialists, who will administer the initial screening. The PAL will journey with the individual or family, navigating the various care systems to assure that the client receives the services they need. Clients will be reminded of appointments, encouraged to continue their journey to wholeness and assisted in acquiring other services that will enhance their total health. Program website: www.emotionalfitnesscenters.org.

Other Transformation Activities during FY08

- ***Combating Stigma***

The Commissioner of MHDD continued a multi year "Overcoming Stigma" campaign with began with community presentation to business and civic groups across Tennessee about the importance of mental health and its impact on the workplace, schools, and within the community in order to encourage their positive participation in efforts to overcome the stigma of mental illness. During FY08, DMHDD created a brochure, *Overcoming the Stigma of Mental Illness*; more than 7,250 copies were distributed. "Expression and Recovery: A Path to Mental Wellness", a consumer art exhibit co-sponsored by DMHDD with a local hospital, drew over 35,000 visitors.

The Middle TN Mental Health and Substance Abuse Coalition issued a call for the submission of writings to be used in the annual Service of Hope during Mental Illness Awareness Week. With assistance from AmeriChoice and Allegra Printing & Imaging, a collection of these writings were published in the booklet *HOPE: Faith, Hope and Recovery in Letters*.

- ***Certified Peer Support Specialist (CPSS) Program***

The DMHDD Office of Consumer Affairs (OCA) has fully developed guidelines, standards and procedures for a Peer Support Specialist certification program. A Certified Peer Support Specialist (CPSS) is a person who has self-identified as having received or as currently receiving mental health or co-occurring disorder services in his or her personal recovery process and has successfully completed the DMHDD certification process. A CPSS must be employed by an agency that is licensed by the TDMHDD and must be under the general supervision of a mental health professional as defined by Tennessee Licensure regulations.

The CPSS can perform a wide range of tasks to assist peers in regaining control over their own lives and the recovery process. These direct peer-to-peer support services include, but are not limited to, developing community support, assisting in the development of rehabilitation goals, serving as an advocate, life coach, mentor or facilitator for resolution of issues that a peer is unable to resolve in his or her own way, or providing education on the importance of maintaining personal wellness and recovery.

Certified consumer specialists are currently employed by Managed Care Organizations, on inpatient units (private and state), in crisis stabilizations units and in outpatient programs. The OCA is actively developing similar guidelines and a certification process for a Family Support Specialist program.

- ***CMS Real Choice Systems Change Grant***

DMHDD was awarded a CMS Real Choice Systems Change Grant to implement recovery initiatives including: 1) training of peer specialists to teach WRAP classes; 2) establishing a comprehensive, community-based, web resource directory; and 3) training practitioners to teach Illness Management and Recovery. The grant is overseen by a Project Advisory Committee that includes representatives from several local mental health agencies and each TennCare (Medicaid) managed care organizations and meets quarterly.

The grant, entitled "Gateway to Recovery", is coordinated through the Division of Recovery Services and Planning and assists in creating an environment that allows each mental health consumer to participate in a Person–Centered Planning process that identifies his/her strengths, capacities, preferences and needs. Certified Peer Specialists will work with consumers throughout the process to help them optimize choice, embrace personal responsibility and receive coordinated quality care.

An assessment tool is currently being piloted in the Nashville area to identify a baseline of needed assistance with daily living, mental health issues and to identify the consumer's support system. A community resource website is being developed.

Mary Ellen Copeland's Wellness Recovery Action Plan (WRAP) is being offered in every region of the state. Participants will not only develop their own WRAP, but will be trained to facilitate WRAP groups. The goal is to train 68 individuals per grant year to become facilitators and each facilitator will train 15 consumers each to develop their own WRAP program for a total of 1,000 consumers being exposed to WRAP. The goal is to train more facilitators each year involving an increasing number of consumers in WRAP.

Illness Management & Recovery (IMR), an evidence-based practice, will be offered in each of the three grand divisions for the three years of the grant. This program complements the WRAP program. It is geared toward professionals to use individually or in groups. The grant is targeting 50 teachers to be trained annually. Sixty-three (63) facilitators have been trained in IMR and are in the process of taking the program to the consumers.

- ***Co-occurring Disorders***

COD staff continues to work collaboratively with other agencies to improve continuity of care between drug and mental health courts. A COD Symposium provided education and training to sixty-five providers. Two new COD awareness materials were published: the "Guide to COD" handout card and a "Special Help – It is Needed, It Works and It's Available" poster. COD individual and family recovery posters and flyers specifically and separately address various races and ethnicities in their presentations.

- ***Evidence Based Practices***

The annual Evidence Based Practice (EBP) survey of twenty-one community mental health agencies documented some increases in both the availability of EBPs and the number of priority population adults receiving services. The table below shows the number of CMHAs reporting availability of the EBP and the number served.

ADULT EBP	***# Reporting Availability ****	***# SMI SERVED FY08***
Supported Housing	8	660
Supported Employment	5	434
Assertive Community Treatment	2	200
Family Psycho-educational Services	2	415
Integrated Treatment for Persons with COD	5	4,334
Illness Management Recovery	7	835
Medication Management	3	5,704
TOTAL (DUPLICATED) RECEIVING AN EBP	**N/A**	**12,582**

* Based on a 71% response rate: 15 of 21 CMHAs responding to 2008 Provider EBP Survey.

- ***Faith-Based and Minority Collaborations and Outreach***

DMHDD staff from the Division of Clinical Leadership assisted with the development of the 12th Annual Minority Health Summit and the Suicide in the Black Church Conference. Staff also attended the Faith-Based Community Initiatives Conference. Office of Clinical Leadership staff participates on the Disproportionate Minority Confinement Task Force to determine strategies to address the increased number of minorities within community jails and state institutions.

NAMI Tennessee developed materials to educate faith communities about mental illness, addressing religious perspectives and spiritual questions about mental illness. The goal of the outreach initiative is to encourage congregations to establish and strengthen their ministry to consumers and families living with mental illness. During Mental Illness Awareness Week, NAMI-TN encouraged education of the congregation through adult Sunday school classes, sponsorship of NAMI family education programs and support groups at churches and synagogues.

With the initiation of Latino outreach at the September 2007 state convention, NAMI-TN began a Multicultural Outreach Initiative that now focuses on three diverse groups: African Americans, Native Americans and Hispanic Americans. NAMI-TN's statewide Multicultural Outreach Committee continues to meet by monthly conference call to oversee this initiative. Thanks to grant funding from AmeriChoice, a multi-cultural and faith outreach coordinator joined the staff in February and has been facilitating activities of the committee. NAMI-TN is producing a course in Spanish for consumers and families; has refined its organizational promotion to communities of color in the mode of listening, rather than NAMI's traditional approach; and NAMI Cheatham County holds two meetings per month, one for the general public and one with a primarily American Indian membership.

- ***Services for Returning Veterans***

DMHDD staff are leading the *Tennessee Task Force on Military Veterans and Their Families*, a collaboration including the National Guard, Veteran's Affairs, U.S. Army Reserves, U.S. Marine Corps, state departments, community behavioral health providers, active duty service members and returning veterans and their families.

DMHDD and contract staff from the TN Suicide Prevention Network (TSPN) consulted with medical and psychiatric staff of the Ft. Campbell Army Base in Clarksville, TN to discuss the success of TSPN initiatives that might be utilized within the military service system. As a result of that collaboration, DMHDD staff responsible for COD and substance abuse service initiatives serve on the Ft. Campbell Suicide Prevention Task Force.

Local Recovery Coordinators, now part of the Veteran's Administration TN Valley Health Care system, are active participants on the Regional Mental Health Planning and Policy Council respective to the VA Hospital facility with which they are based.

Tennessee

Adult - Purpose State FY BG Expended - Recipients - Activities Description

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

III. Adult - A report on the purpose for which the block grant monies for state FY were expended, the recipients of grant funds, and a description of activities funded by the grant

Projected allocations in the 2008 Block Grant Plan were based on the 2007 Block Grant award of $7,896,732. The final 2008 Block Grant award to the state of Tennessee was $7,748,996. The total Block Grant award is allocated to be expended each fiscal year. Annual awards beginning each October 1 are generally not allocated to the community until the beginning of the state fiscal year the following July 1. Despite recent decreases in the Block Grant award, DMHDD has not decreased program allocations, utilizing any unspent dollars and early utilization of the subsequent year's Block Grant funding as necessary to maintain current funding levels. (See Table A)

At least ninety-five percent of each year's total award is granted to community based programs in accordance with the expectations of the block grant. The remaining five percent is allocated to support administrative functions relative to the community mental health system and meetings and activities of the Mental Health Planning and Policy Councils. DMHDD utilizes its Block Grant funding for the provision of services designed to impact the adult priority population by promoting education, empowerment, participation in treatment and building a reliable community support system that emphasizes recovery and community reintegration.

Fourteen private, not-for-profit CMHCs and five other community agencies received federal mental health block grant funds to provide services to adults. Each contracted agency provided services in accordance with a specific contract, budget and scope.

Some $5,167,300 of CMHS Block Grant funding was expended for adult services in accordance with the 2008 Block Grant Plan in the following manner:

Assisted Living Housing **$ 210,000**

Funds support six assisted housing projects that fill the gap in the continuum of housing available for adults with SMI who do not require the supervision of a Supportive Living Group Home, but do not yet possess the necessary skills for independent living. The programs consist of clustered apartment units, with one unit occupied by a live-in "assisted living specialist". The specialist is a consumer whose role is to serve as a mentor to and provide support for the other residents. A major goal of the program is to assist adults with a successful transition to independent living.

Criminal Justice Project **$ 476,000**

Projects provide activities targeted toward individuals with SMI or co-occurring disorders interfacing with the criminal justice system. Services include liaison/case management services, diversion activities, cross-training and education, and appropriate referral and linkage to follow-up services in the community. Goals are to enhance systems collaboration and cooperation, decrease recidivism, and ensure access to appropriate services. Block Grant funding is supplemented by $373,600 in state funding, providing eighteen liaisons serving twenty-three counties.

Primary staff activities are targeted toward diversion of individuals with SMI and COD from the criminal justice system and toward the behavioral health system through pre and post-arrest diversion, deferral from the forensic process and reduced days of incarceration.

Training and educational activities are an important part of the project. Each CJ/MH Liaison is assigned designated judicial districts in order that all counties are offered training opportunities. Mental Health Crisis Management, a six to eight-hour session covering the basics of mental health, mental illness, co-occurring disorders and symptoms, crisis interventions and suicide prevention, is offered quarterly to county sheriffs' personnel and transporting agents. In addition, liaison staff provide a two-hour training module on mental health and mental illness as part of the jail certification criteria of the Tennessee Correctional Institute.

Consumer Support / BRIDGES $ 226,500

Funds are provided to the TN Mental Health Consumers Association (TMHCA), via the Tennessee Disability Coalition, to support regional advocacy staff and on-going development of the BRIDGES educational program for mental health consumers.

Cultural Competency $ 21,800

Cultural and linguistic competency promotion is targeted for mental health agencies, mental health providers, and mental health interpreters.

Older Adult Project $ 280,000

These projects provide professional mental health counseling and peer counseling to adults age fifty-five and over who are homebound or otherwise unable or unwilling to access traditional mental health services. Services may be offered in the individual's home or at a primary care site accessed by older adults. Staff either provide or refer individuals to the appropriate level of mental health services. Services are provided in collaboration between a CMHC and the aging community service system. Funds support four programs.

Peer Support Centers (PSC) $ 3,953,000

A PSC is a place where persons who have received treatment for mental illness develop their own programs to supplement existing mental health services. Members address issues such as social isolation and discrimination and provide opportunities for socialization and personal and educational enhancement. PSCs conduct recovery-based services and programs that promote the involvement of consumers in their own treatment and recovery, and assist the consumer in acquiring the necessary skills for the utilization of resources within the community. Programs include training for Peer Support Specialist certification and WRAP. Funds, supplemented with $672,160 in state funding, support forty-nine programs serving eighty-one of ninety-five counties.

Table III.A below shows the total number served during FY08 through program initiatives receiving full or partial Block Grant funding.

Table III.A

PROGRAM	CONSUMERS	FAMILY	OTHERS
Assisted Living Housing	50	0	0
BRIDGES Curriculum Participants	231	0	0
CJ/MH Liaison Services	2,775	0	0
CJ/MH Liaison Training	0	0	1,775
CC-Interpreters Receiving MH Training	0	0	16
CC-Providers Receiving Training	0	0	16
Older Adult Screening/Counseling	1,064	0	0
Older Adult Wellness/Education	0	0	4,340
Peer Support Center (Average Monthly Attendance)	3,000	0	0
TOTAL SERVED	**7,120**	**0**	**6,147**

A brief description of all DMHDD-funded programs for adult services, including funding source(s), activities, and outcomes information is documented in the Annual Stakeholder Report of Behavioral Health Service Activities for FY08, submitted with this report in Appendix B.

Table III.B below details Block Grant allocations for adult services by agency and program.

Table III.B BLOCK GRANT ALLOCATIONS FOR ADULT SERVICES

CMHC	Assisted Living	Criminal Justice	BRIDGES / Cultural Competency	Older Adult	Peer Support Center	Total
Frontier	140,000	40,000	0	70,000	462,300	$712,300
Cherokee	0	0	0	0	51,400	$51,400
Ridgeview	0	0	0	0	308,200	$308,200
HR McNabb	0	50,000	0	0	113,200	$163,200
Peninsula	0	0	0	0	154,100	$154,100
Volunteer	0	90,000	0	70,000	986,500	$1,146,500
Fortwood	0	0	0	0	113,200	$113,200
Centerstone	0	105,000	0	70,000	726,200	$901,200
Carey	0	40,000	0	0	308,200	$348,200
Pathways	0	0	0	0	205,500	$205,500
Quinco	0	0	0	0	205,500	$205,500
Professional Care Services	0	0	0	0	205,500	$205,500
Southeast	0	0	0	0	113,200	$113,200
Frayser	0	0	0	70,000	0	$70,000
OTHER AGENCY						
Mental Health Association	0	0	(CC) 21,800	0	0	$21,800
Mental Health Cooperative	35,000	50,000	0	0	0	$85,000
Park Center	35,000	0	0	0	0	$35,000
Shelby Co. Govt.	0	101,000	0	0	0	$101,000
TN Disability Coalition	0	0	226,500	0	0	$226,500
Total Adult	**$ 210,000**	**$ 476,000**	**$ 248,300**	**$ 280,000**	**$3,953,000**	**$ 5,167,300**
Total C&Y						$ 2,484,200
Total Both						**$ 7,651,500**
Admin. 5%						$394,836
[a] Total Allocation						**$ 8,046,336**

[a] Total allocation exceeds amount of annual Block Grant Award.

Tennessee

Child - Summary of Areas Previously Identified by State as Needing Improvement

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

I. Child - Report summary of areas which the State identified in the prior FY's approved Plan as needing improvement

The narrative below discusses strategies implemented during SFY08 to address areas of need identified in "Section II: Identification and Analysis of the Service System's Strengths, Needs, and Priorities" of the 2008 Community Mental Health Services Block Grant Plan.

1) Integration of services to include co-occurrence services and medical services

By January 2009, TennCare, Tennessee's Medicaid program, will provide medical and behavioral health care services to Medicaid-eligible children and youth through a fully integrated managed care system, with a single MCO that will manage their physical health, mental health and substance abuse services. DMHDD does not provide clinical treatment services to children and youth; non-Medicaid children and youth are covered under Cover Kids, the state's expanded SCHIP program. DMHDD promotes systems of care for children and youth and funds limited integration projects in several geographical areas of the state.

The TDMHDD recently received a $9 million SAMHSA grant to implement a coordinated system of care for children and youth in Memphis and Shelby County over the next six years. The JustCare Family Network is the result of a partnership among TDMHDD, Tennessee Voices for Children, JustCare for Kids, Dr. Leon Caldwell with Rhodes College and the Comprehensive Counseling Network (formerly Frayser Millington Mental Health Center). With a focus on collaboration between state and local agencies, schools and families, the JustCare Family Network will offer an effective approach to delivering mental health services and system transformation through an enhanced culturally competent, family-driven and coordinated system of care that provides mental health services and supports for children and youth with serious emotional disturbances that enables them to function more effectively at home, in school and within their community.

2) Additional funding for existing services to increase access

DMHDD has received no improvement dollars for several years and has not only been unable to increase service capacity, but unable to provide cost-of-living increases to maintain contracted services. Given recent predictions of budget shortfalls, the Governor is conducting a line by line review of all state department contracts to determine where cuts can best be made with the least impact on service recipients.

3) Workforce expansion in the areas of child specialists, including physicians, nurses and social workers

The state continues to work with college and university recruitment programs and federal recruitment and retention programs to draw professionals into public service and service in underserved urban and/or rural areas.

4) Services for transitional youth, including an educational component similar to BRIDGES

DMHDD staff collaborate and partner with other state and local agencies to assess and evaluate procedures needed to enhance the transition of adolescents to adult mental health services. At this point, no educational curriculum has been developed specific to this population.

5) Expanding BASIC into more schools

The expansion of this prevention and early intervention program for elementary school children has been a primary goal for many years. Despite repeated improvement budget requests, there has been no funding allocation to allow for expansion.

6) Increased residential treatment capacity

The capacity need for residential treatment services is largely determined by the Medicaid managed care organizations and other state entities overseeing clinical services for children and youth. DMHDD currently licenses 59 sites under its "Mental Health Residential Treatment for Children and Youth" license category with a capacity of 1,747 beds.

7) Intensive outpatient programs for children and youth with co-occurring disorders

Intensive outpatient programs for children with COD are provided by managed care organizations based on determinations of geographical/regional client need.

Tennessee

Child - Most Significant Events that Impacted the State in the Previous FY

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

II. Child - Report summary of the most significant events that impacted the mental health system of the State in the previous FY

➢ ***Public Chapter 1062***

Public Chapter 1062, the result of a two-year Senate committee study, tasked a newly developed Council on Children's Mental Health Care with designing a statewide system of mental health care for children that is child-centered, family driven and culturally and linguistically competent. The plan must also follow ten principles of care. Additionally, all funding streams for services to children and youth from all departments must be reviewed and a financial resource map and cost analysis developed.

The Commissioner of MHDD, the Executive Director of the Division of Special Populations, and staff from the Office of Children's Services are an integral part of this new Councils' activities, which are expected to make significant changes in the service system for children and youth in the future.

➢ ***Continuation of Youth-Specific Crisis Services***

TennCare contracts with Youth Villages to provide a statewide network of specialized crisis services for children and youth that has been very effective in decreasing the rate of inpatient admissions. The result of this service being available only to TennCare enrollees might have a profound effect on the utilization of state psychiatric beds for children and youth. As of this writing, funding has been allocated to continue services to non-TennCare children and youth through FY09.

➢ ***CoverKids SCHIP Program***

With the dissolution of the DMHDD Division of Managed Care and the development of the CoverKids program to provide health insurance for children eligible under SCHIP and other non-Medicaid eligible children without access to coverage, DMHDD no longer has responsibility for any traditional clinical treatment services to children and youth.

Other Transformation Activities during FY08

➢ **Evidence Based Practices**

Through its Best Practice Guidelines, DMHDD promotes the use of evidence-based and best practices by providers across the state. However, DMHDD does not directly fund or contract for any of the SAMHSA-tracked EBPs. Results from the annual Community Mental Health Agency (CMHA) EBP Provider Survey are summarized in the table below:

CHILD/YOUTH EBP	*# CMHAs Reporting Availability*	*# SED SERVED FY08*
Therapeutic Foster Care (TFC) **	N/A	(Est.) 3,000
Multi-Systemic Therapy (MST)*	1	250
Family Functional Therapy (FFT)*	0	0
TOTAL RECEIVING AN EBP	**N/A**	**3,250**

* Based on a 71% response rate: 15 of 21 CMHAs responding to 2008 Provider EBP Survey.

** Department of Children's Services (DCS) data not received prior to mandatory submission date.

The DCS contracts for TFC homes for children and youth with special mental health needs. Only one agency reported the EBP of MST for FY08; another agency previously reporting MST services no longer does so. No agencies reported providing FFT.

One agency noted that, in September 2008, they began participation in the East TN Learning Collaborative for Trauma-focused Cognitive Behavior Therapy (TF-CBT).

- ***Service Integration Efforts***

Office of Children's Services staff participated in the following activities and/or events to further integrated efforts to improve care to children and youth within various public systems:

- Sponsored a Children's Wellness Fair to assist in the development of a mental health wellness curriculum for BASIC staff to use within the elementary school system.
- Presented at the "Together Educating and Coordinating Health" conference for school nurses and/or social workers who collaborate with the family, school administration, insurance providers and physicians to access health services needed by children and youth serviced through public schools and maternal and child health.
- COD staff conducted an educational training event for case management staff of the Department of Children's Services.
- In collaboration with DCS, a pilot program of housing options for youth aging out of foster care was established in Nashville.

Tennessee

Child - Purpose State FY BG Expended - Recipients - Activities Description

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

III. Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Expenditure of 2008 Block Grant Allocation

The 2008 Block Grant projected allocations were based on the final 2007 award amount of $7,896,737 for Tennessee. The final 2008 Block Grant award to the state of Tennessee was $7,748,996. Ninety-five percent (95%) of the total award was granted to community based programs in accordance with the expectations of the block grant. Approximately 5% of the award, or $394,836, supports administrative functions relative to the community mental health system and Mental Health Planning and Policy Councils' support and activities. Despite recent decreases in the Block Grant award, DMHDD has not decreased program allocations, utilizing an early withdrawal of the next year's Block Grant award as necessary. (See Table B.)

DMHDD utilizes its Block Grant funding to provide community mental health services designed to promote education, prevention, and early intervention and build a reliable community support service system that emphasizes youth empowerment and resiliency and family education and support.

Eleven private not-for-profit CMHCs and six other community agencies received federal mental health block grant funds to provide these services. Each contracted agency provided services in accordance with a specific contract, budget and scope.

Some $2,484,200 in CMHS Block Grant funding was expended for children and youth services in accordance with Criterion 1-5 in the following manner:

BASIC $ 1,600,500

Project BASIC (Better Attitudes and Skills in Children) is a school-based mental health early intervention and prevention service that works with children from kindergarten through third grade. Goals are to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult mental health problems. Children with SED are identified and referred for mental health services. Funds support BASIC programs at forty-seven elementary school locations.

Planned Respite Services $ 556,600

This program provides respite services to families of children identified with serious emotional disturbance, or dually diagnosed with SED and mental retardation, who are ages two to fifteen. Respite consultants provide short-term respite and work with the family to identify long-range respite resources. Individualized family respite plans are developed with the family. The consultant enables families to develop community-based respite resources and utilize them effectively. Funding supports respite services in each of the seven mental health planning regions across the state.

Memphis Respite Voucher Program $ 30,100

This is a voucher program for low-income families in Memphis/Shelby County. The voucher system enables families to purchase respite services from training respite providers for children ages birth to eighteen when needed.

Early Childhood Network **$ 145,000**

This is a collaborative effort on the local level to identify and address the mental health needs of preschool through third grade children through prevention and early intervention strategies. The effort is intended to provide a seamless and comprehensive system to identify and serve, at an early age, children in need of mental health services by networking all local agencies that work with this age group.
Funding supports projects in two counties that currently have RIP, BASIC, and Day Care Consultation and have identified gaps in services.

Jason Foundation School Curriculum **$ 77,500**

In response to the Surgeon General's Call to Action to Prevent Suicide Plan, one of Tennessee's strategies targets providing educational programs for youth that address suicide. The Jason Foundation offers a Triangle of Prevention approach for awareness and prevention of youth suicide. The project addresses youth, parents, teachers, and educators from middle school to college in suicide awareness and prevention through educational programs and seminars. It is noted that 91 of 95 TN counties have the JFI curriculum in one or more schools.

NAMI-TN Parent Education **$ 47,500**

NAMI-TN provides programs that provide education for families of children with SED, utilizing a train-the-trainer model. The goal of the program is to empower parents and guardians to become advocates for their children and to develop tools to help other families in a supportive, educational manner.

Suicide Prevention **$ 18,000**

Funds supplement state dollars to support the Tennessee Suicide Prevention Network (TSPN), a statewide coalition that developed and now oversees the implementation of strategies to eliminate/reduce the incidence of suicide across the life span, to reduce the stigma associated with suicide, and educate communities throughout the state about suicide prevention and intervention.

Renewal House **$ 4,000**

Funding supplements other state dollars to support early intervention and prevention services to children at risk of SED or substance abuse who reside at Renewal House, a residential program for addicted mothers in recovery and their children. Services provide on-site child, family and group counseling for which there is no third-party payer source. Parenting classes, support groups and family enrichment are provided for family preservation. Therapeutic services are also provided for children when evaluations deem such services appropriate.

Cultural Competency **$ 5,000**

Cultural and Linguistic competency promotion is targeted for mental health agencies, mental health providers and mental health interpreters. Table III.A below shows the total unduplicated numbers served during FY08 through Block Grant funded services.

Table III.A below shows the total number served during FY08 through program initiatives receiving full or partial Block Grant funding.

Table III.A

PROGRAM	CHILDREN (SED/at risk)	FAMILY	STUDENTS	TEACHERS
BASIC	1,262	0	15,947	0
Early Childhood Network	83	92	0	0
Jason Foundation	0	0	208,782	18,512
NAMI-TN Beginnings/NAMI Basic	0	50	0	0
NAMI-TN Breaking the Silence	0	0	293	402
NAMI-TN Bridging the Gap	0	0	0	402
Respite	247	234	0	0
Renewal House	59	34	0	0
Suicide Prevention *	n/a	n/a	n/a	n/a
TOTAL SERVED	**1,651**	**410**	**225,022**	**19,316**

** Funds assist the activities of the TN Suicide Prevention Network*

A brief description of all DMHDD-funded programs for adult services, including funding source(s), activities, and outcomes information is documented in the Annual Stakeholder Report of Behavioral Health Service Activities for FY08, submitted with this report in Appendix B.

Table III.B on the following page details the 2008 Block Grant allocation for children and youth services by agency and program.

Table III.B 2008 BLOCK GRANT FUNDS ALLOCATED FOR C&Y SERVICES

CMHC	BASIC	Renewal Hs/ Cult. Comp.	Early Childhood Network	Jason/ NAMI/ TSPN	Planned Respite	Total
Frontier	281,557	0	0	0	81,112	$362,669
Cherokee	70,028	0	0	0	0	$70,028
Ridgeview	40,016	0	0	0	48,112	$88,128
Volunteer	280,110	0	72,500	0	184,040	$536,650
Fortwood	40,016	0	0	0	0	$40,016
Centerstone	263,887	0	72,500	0	81,112	$417,499
Carey	120,048	0	0	0	0	$120,048
Pathways	120,047	0	0	0	0	$120,047
Quinco	224,727	0	0	0	81,112	$305,839
Professional Counseling	160,064	0	0	0	0	$160,064
Frayser	0	0	0	0	81,112	$81,112
OTHER AGENCY						
TN Respite Coalition	0	0	0	0	30,100	$30,100
Renewal House	0	4,000	0	0	0	$4,000
Jason Foundation	0	0	0	77,500	0	$77,500
MHA of Mid TN	0	(CC) 5,000	0	18,000	0	$23,000
NAMI-TN	0	0	0	47,500	0	$47,500
Total C&Y	**$1,600,500**	**$ 9,000**	**$ 145,000**	**$143,000**	**$ 586,700**	**$ 2,484,200**
Total Adult						$ 5,167,300
Total Both						**$ 7,651,500**
Admin. 5%						$394,836
[a] Total Allocation						**$ 8,046,336**

[a] Total allocation exceeds amount of annual Block Grant Award.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	122,072	118,259	118,359	129,892	109.74
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To maintain access to publicly funded behavioral health care for adults.

Target: To serve an additional 100 adults through publicly funded behavioral health care.

Population: Adults receiving publicly funded behavioral health services.

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Unduplicated number of adults served by age, gender and race/ethnicity.

Measure: Number - FY08 Target has been recalculated based on actual rather than projected FY07 outcome.

Sources of Information: Source: Tenncare Bureau, MHSN Data System, URS Table 2A

Special Issues: As of August 2005, DMHDD began contracting directly for clinical services to TennCare disenrolled adults.

Significance: Publicly funded services include clinical services provided under the TennCare Partners Program and the Mental Health Safety Net Services Program.

Activities and strategies/ changes/ innovative or exemplary model: TennCare reform, basically a return to a Medicaid-eligible program, reduced the number of TennCare enrollees to approximately 1.2 million, comparable to early program enrollment. The number of adults receiving behavioral health services through the TennCare program decreased from 139,809 in FY05 to 106,413 in FY07. Our FY08 target was to serve an additional 100 adults through publicly funded mental health services. Although the number served under the Mental Health Safety Net decreased by approximately 1,000 adults, the number of adults receiving a mental health service through the TennCare program increased by nearly 12%, generally approaching numbers served in FY04.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	10.69	9.01	11	9.08	121.15
Numerator	555	1,004	--	1,051	--
Denominator	5,193	11,139	--	11,571	--

Table Descriptors:

Goal: To assure effective inpatient treatment and continuity of care to maximize community tenure.

Target: Determine baseline readmission rate to state psychiatric hospitals within 30 days of discharge.

Population: All persons age 18 and above discharged from and readmitted to state psychiatric inpatient service.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults discharged who are readmitted within 30 days.

Measure: Numerator: Number of persons age 18+ who are readmitted to a state hospital(RMHI)within 30 days of discharge.
Denominator: Number of persons age 18+ discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: DMHDD, Office of Hospital Services, URS Table 20A

Special Issues: Readmission is defined as admission to the same RMHI within 30 days of a discharge from any of the five RMHIs. This data would not reflect an admission to a private hospital within the 30-day post RMHI period. Data includes all payor sources and legal codes.

Significance: State psychiatric facilities provide a safety net for persons requiring hospitalization but are without health care coverage. A major component of a comprehensive mental health system of care is the availability of inpatient treatment.

Activities and strategies/ changes/ innovative or exemplary model: State psychiatric hospitals are the only inpatient option available for persons without health care insurance. While overall state hospital admissions and discharges have increased, the readmission rate has held generally steady. For those without health insurance, a state-only funding option allows for referral and continued outpatient care for a six-month period, allowing for the determination of Medicaid eligibility and/or other entitlements. Eligible individuals may also register for Mental Health Safety Net services and pharmacy assistance.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	20.84	21.15	21	20.85	100.72
Numerator	1,082	2,356	--	2,413	--
Denominator	5,193	11,139	--	11,571	--

Table Descriptors:

Goal: To provide effective continuity of care and outpatient services and supports that maximize community tenure.

Target: Determine baseline readmission rate to state psychiatric hospitals within 180 days of discharge.

Population: Persons age 18 and above discharged from and readmitted to state psychiatric inpatient service.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults discharged from inpatient services in FY07 who are readmitted within 180 days.

Measure: Numerator: Number of persons age 18+ who are readmitted to a state hospital (RMHI) within 180 days of discharge.
Denominator: Number of persons age 18+ discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: DMHDD, Office of Hospital Services, URS Table 20A

Special Issues: Readmission is defined as admission to the same RMHI within 180 days of a discharge from any of five RMHIs. This data would not reflect an admission to a private hospital within the 180-day post RMHI discharge period. Data includes all payor sources and legal codes.

Significance: A major challenge in a comprehensive community-based mental health system of care is the development of community-based crisis services including short term alternatives to inpatient treatment.

Activities and strategies/ changes/ innovative or exemplary model: This indicator has remained steady since FY05. Community alternatives to hospitalization are a high priority for continued development in the Tennessee system. The objective is to stabilize adults experiencing a psychiatric crisis who need a level of care greater than respite. Goals are to strengthen or develop support systems and coping skills while allowing the individual to remain in the community. Currently, seven crisis stabilization programs operate under the managed care system across the state with plans for expansion. Crisis response services also have facility, home and hospital based crisis respite beds available to provide a brief time of rest and support to stabilize or alleviate a less serious crisis situation.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	754	251	800	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To provide necessary supports to allow housing of choice for consumers.
Target:	To provide supported housing services to at least 800 adults.
Population:	Adults with SMI
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Number of adults receiving SAMHSA-defined supported housing services in FY08.
Measure:	Number
Sources of Information:	Provider survey, CHI Annual Report, URS Table 16
Special Issues:	Stable, affordable housing of choice is a strong indicator of improved psychiatric stability and quality of life.
Significance:	Access to appropriate housing is a challenge that faces all lower and middle income families in Tennessee. Persons with low or fixed incomes, especially those receiving SSI or SSDI, are generally “priced-out” of the housing market.
Activities and strategies/ changes/ innovative or exemplary model:	Tennessee has promoted supported housing for many years. CMHAs are encouraged to assist consumers to access housing of their choice and provide the financial and social supports to enable them to succeed. However, housing shortages and prohibitive rents are deterrents to movement from institutes or supervised housing into more independent living situations. Efforts of the CHI have made strong gains in housing options available to consumers. Eight of fifteen CMHAs responding to the 2008 EBP Provider Survey reported the availability of Supported Housing with 660 adults with SMI served.
Target Achieved or Not Achieved/If Not, Explain Why:	Target achieved at 82% based on 71% survey response rate.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	290	219	239	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To provide supported employment opportunities for adults with SMI.

Target: To increase by 20 individuals per year the number of consumers receiving the EBP of Supported Employment.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Reported number of consumers receiving SE services in FY08.

Measure: Number - FY08 Target has been recalculated based on actual rather than projected FY07 outcome.

Sources of Information: PRS quarterly reports and Provider Survey.

Special Issues: Decrease from FY05 to FY06 reflects the inclusion of fidelity criteria for reporting this EBP.

Significance: Employment is often voiced as the first priority of consumers working toward recovery.

Activities and strategies/ changes/ innovative or exemplary model: To assist adults to gain and maintain employment of their choice is a primary goal of Psychosocial Rehabilitation Services, which have been funded in the state since the early 1990's. There are currently eighteen locations across the state. Other agencies may also have staff dedicated to supported employment.

During FY07, training was conducted as part of a collaboration with the University of Pennsylvania. The training was conducted by Dr. Kate Donegan with the Matrix Center @ Horizon House, Inc. and Norm Council with Northern Management Consultants. A group of fifteen individuals completed the class on SE and is certified to teach an SE class and track the results. The expectation is that the individuals will go back to their sites and train other staff and individuals in SE. Additional funding is currently being sought to provide for training opportunities in other areas of the state.

Five of fifteen CMHAs responding to the 2008 EBP Provider Survey reported the availability of Supported Employment with 434 adults with SMI served.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved at 181% based on 71% survey response rate.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	189	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: No PI was included in the 2008 Block Grant plan. Two teams operate under the TennCare managed care system and cannot extend beyond team capacity (100 per team).

Target Achieved or Not Achieved/If Not, Explain Why: Two PACT teams served 200 adults with SMI during FY08.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	608	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: No PI was included in the 2008 Block Grant plan due to reporting agency not meeting minimum fidelity measures at that time.

Target Achieved or Not Achieved/If Not, Explain Why: Two of fifteen CMHAs responding to the 2008 EBP Provider Survey reported the availability of Family Psychoeducational Services with 415 adults with SMI served.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	1,459	7,130	7,230	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To provide integrated mental health and substance abuse interventions within the public behavioral health services system.

Target: To increase by 100 individuals the number of consumers receiving the EBP of Integrated Treatment

Population: Adults with COD.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of adults receiving services through IT in FY08.

Measure: Number - FY08 Target has been recalculated based on actual rather than projected FY07 outcome.

Sources of Information: Provider survey, URS Table 17

Special Issues:

Significance: Integrated treatment lessens barriers to access and provides care to the whole person as opposed to a diagnosed illness.

Activities and strategies/ changes/ innovative or exemplary model: DMHDD has promoted the integration of treatment for COD with the provider community through collaborative projects with Alcohol and Drug Abuse Services and through contract agencies in the community. Activities have included cross-training of mental health and substance abuse providers, establishment of COD resource centers, development of dual recovery anonymous groups, contract grants for specialized COD case management, and inclusion of substance abuse education in various education and support programs.

Five of fifteen CMHAs responding to the 2008 EBP Provider Survey reported the availability of Integrated Treatment for Persons with COD with 4,334 adults served.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Target attainment at 60% level with 71% survey response rate.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	546	897	997	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To promote recovery through education and empowerment of consumers to participate in treatment and supports that assist in managing illness.

Target: To increase by 100 the number of consumers receiving IMR services.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Reported number of consumers receiving IMR curriculum.

Measure: Number - FY08 Target has been recalculated based on actual rather than projected FY07 outcome.

Sources of Information: Provider survey, URS Table 17

Special Issues:

Significance: IMR assists consumers in accepting responsibility for their own recovery: physically, emotionally, mentally, and spiritually.

Activities and strategies/ changes/ innovative or exemplary model: In FY07 training was conducted as part of a collaboration with the University of Pennsylvania using the CMHS Evidence Based Practice Illness Management and Recovery (IMR) Toolkit. A group of fifteen individuals completed the class on IMR. The expectation is that the individuals will go back to their sites and train other staff and individuals in IMR. The number of consumers participating in the BRIDGES consumer education and empowerment curriculum are included.

Seven of fifteen CMHAs responding to the 2008 EBP Provider Survey reported the availability of IMR with 707 adults with SMI served.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Target attainment at the 71% level with 71% survey response.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: No PI was included in the 2008 Block Grant plan due to no agencies meeting minimum fidelity measures at that time.

Target Achieved or Not Achieved/If Not, Explain Why: Three of fifteen CMHAs responding to the 2008 EBP Provider Survey reported the availability of Medication Management with 5,704 adults with SMI served.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	68	63.35	70	84.80	121.14
Numerator	5,667	3,324	--	1,885	--
Denominator	8,312	5,247	--	2,223	--

Table Descriptors:

Goal: To provide behavioral health services that are rated positively by service recipients.

Target: To attain a minimum rating of 70% of adults who report positively about service outcomes.

Population: Sample of adults receiving public mental health services and taking the adult annual MHSIP survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults submitting a positive survey response on outcomes domain.

Measure: Numerator: Number of positive responses reported in the outcomes domain.
Denominator: Total responses reported in the outcome domain.

Sources of Information: TOMS MHSIP Adult Survey, URS Table 11

Special Issues: Survey responses decreased due to the change-over from a convenience sample to a random sample midway through the year.

Significance: A service system goal is to attain the best possible outcome for the service recipient. Positive perception of care increases the likelihood of continued service acceptance and positive movement toward recovery.

Activities and strategies/ changes/ innovative or exemplary model: Up until 2008, the survey was done by convenience sample during a prescribed period of time. As preparation for making the annual survey a part of the newly developed Tennessee Outcomes Measurement System (TOMS), random TOMS participants were selected to complete an annual MHSIP survey. This resulted in a smaller sample for this first year. We anticipated that the wider availability of WRAP and person-centered services might play an important role in the tenor of consumer responses in this domain.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	1.24	2.16	N/A	2.32	N/A
Numerator	1,518	2,556	--	3,009	--
Denominator	122,072	118,259	--	129,892	--

Table Descriptors:

Goal:	To use TOMS data to determine how many adult service recipients report any work for pay.
Target:	To determine a baseline percentage of the number of adult service recipients who are working full or part time.
Population:	Adults receiving public mental health services and participating in TOMS
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Percentage of adults reporting any number of hours worked for pay.
Measure:	Numerator: Number of adults employed. Denominator: Total number of adults receiving community services during FY08.
Sources of Information:	TOMS Adult Survey, URS Table 4
Special Issues:	Employment is defined by reporting any number of hours worked for pay on TOMS surveys.
Significance:	Employment is the number one desire of a majority of consumers who are not employed.
Activities and strategies/ changes/ innovative or exemplary model:	Approximately 20% of adults receiving publicly funded services and participating in TOMS during FY08 reported hours of paid work. Of the total number (includes all payor sources)of TOMS participants, 22% reported hours in paid employment, 8% in educational pursuits and 5% in volunteer work.
Target Achieved or Not Achieved/If Not, Explain Why:	Baseline measure via TOMS obtained.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	0	9.75	N/A	10.39	N/A
Numerator	0	1,106	--	2,195	--
Denominator	N/A	11,343	--	21,127	--

Table Descriptors:

Goal: To use TOMS data to determine the impact of services on reported criminal justice activity.

Target: To determine a baseline measure of the impact of services on criminal justice involvement.

Population: Adults receiving public mental health services and participating in TOMS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of adults reporting decreased number of arrests.

Measure: Numerator: Number of adults reporting any number of arrests in previous 30 days on initial TOMS survey.
Denominator: Number of adults reporting fewer or no arrests on subsequent 3, 6, or 12 month TOMS surveys.

Sources of Information: TOMS Adult Survey, URS Table 19a

Special Issues: Note change in measure reported.
Numerator: Number reporting any number of arrests in past 30 days.
Denominator: Total number completing arrest questions.
Due to DMHDD budget and staff cuts, there is a shortage of data programming staff time and expertise; therefore,the proposed measure of comparison of client-level arrest history was unable to be completed.

Significance: Persons with mental illness are best served in the mental health system. One goal of treatment is to reduce the likelihood of behaviors that could lead to criminal justice involvement.

Activities and strategies/ changes/ innovative or exemplary model: Both pilot project and FFY07 TOMS data indicated that around 9% of TOMS participants reported that they had been arrested at least once within the past month. As the number of participants increases, that percentage has risen to over 10%. DMHDD supports eighteen criminal justice/mental health liaison positions serving twenty-three counties to provide interventions for adults with mental illness or COD who are in jail or at risk of being jailed and promotes collaborative educational efforts between Criminal Justice and Mental Health systems.

We are reporting the Criminal Justice NOM via Table 19A of the URS. As with previous years, arrests appear to decrease with time in treatment. For 10,577 adults with less than 12 months of services, 1,351 reported an arrest - 12.8%. For 3,215 adults with at least 12 months of services, only 171 reported an arrest - 5.3%.

Target Achieved or Not Achieved/If Not, Explain Why: Baseline measure via TOMS obtained.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	5.56	2.48	N/A	2.47	N/A
Numerator	445	283	--	328	--
Denominator	8,009	11,417	--	13,293	--

Table Descriptors:

Goal: To determine how many adults receiving services report homelessness.

Target: Baseline percent via TOMS survey data.

Population: Adults receiving public mental health services and participating in TOMS

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults surveyed reporting homelessness.

Measure: Numerator: Number indicating a homeless choice as their living situation.
Denominator: Total number of adults completing living situation question on TOMS.

Sources of Information: TOMS Adult Survey, URS Table 15

Special Issues: Survey choices reported as homeless include: homeless shelter, on street, outside, or in a vehicle.

Significance: A goal of homeless outreach is to engage persons in the recovery process by enabling access to services including access to stable housing options.

Activities and strategies/ changes/ innovative or exemplary model: Data from URS Table 15 for FY06 derived from annual MHSIP survey. FY07 and FY08 data from TOMS survey system. As TOMS is expanded to more publicly funded individuals, these numbers will increase and be more inclusive. We used FY08 as a baseline year to determine living situation. DMHDD supports homeless outreach initiatives across the state for adults through ten PATH projects.

Target Achieved or Not Achieved/If Not, Explain Why: Baseline measure via TOMS obtained.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	69.36	68.30	70	81.84	116.91
Numerator	5,764	3,590	--	2,781	--
Denominator	8,310	5,256	--	3,398	--

Table Descriptors:

Goal: To empower consumers to develop positive support systems.

Target: To attain a minimum rating of 70% positive response to Social Connectness (SC)Domain.

Population: Adults receiving public mental health services taking the adult annual MHSIP survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of adults submitting a positive survey response on SC domain.

Measure: Numerator: Number of positive responses reported on the SC domain.
Denominator: Total responses received on the SC domain.

Sources of Information: TOMS MHSIP Adult Survey, URS Table 9

Special Issues: Survey responses decreased due to the change-over from a convenience sample to a random sample midway through the year.

Significance: Recovery and community integration can be measured by normal relationships and activities within the community as a whole.

Activities and strategies/ changes/ innovative or exemplary model: As narrated throughout the state plan, DMHDD supports a variety of services and supports to increase the social connectedness of consumers and families beyond the provider community.

The regular TOMS consumer outcomes survey includes questions similar to those on the MHSIP in the Social Connectedness Domain. Responses are being compared to judge the validity of results.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	68.18	64.16	70	80.20	114.57
Numerator	5,667	3,325	--	2,414	--
Denominator	8,312	5,182	--	3,010	--

Table Descriptors:

Goal: To provide behavioral health services that improve everyday functioning of service recipients.

Target: To attain a minimum rating of 70% of adults who report positively on the Level of Functioning domain.

Population: Adults receiving public mental health services taking the adult annual MHSIP survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Percentage of adults submitting a positive survey response on level of functioning domain questions.

Measure: Numerator: Number of positive responses reported on the functioning domain.
Denominator: Total responses received on the functioning domain.

Sources of Information: TOMS MHSIP Adult Survey, URS Table 9

Special Issues: Survey responses decreased due to the change-over from a convenience sample to a random sample midway through the year.

Significance: The ability to function satisfactorily in major life roles is necessary to achieve recovery goals.

Activities and strategies/ changes/ innovative or exemplary model: Persons with a mental illness want and need what everybody wants and needs - friends, families, a good education, a good job, and things to do for fun and relaxation. The successful attainment of any of these simple goals can be negatively influenced by symptoms, side effects, behaviors, or frequent hospitalizations.

A combination of effective clinical care, illness management education, and peer and family support contributes to personal growth and successful community integration. The regular TOMS consumer outcomes survey includes questions similar to those on the MHSIP in the Functioning Domain. Responses will be compared to judge the validity of results.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Increased Housing Options

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	613	842	1,000	1,543	154
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To create and expand affordable, safe, permanent and quality housing options in local communities for people with mental illness in Tennessee.

Target: To create 1,000 new housing options during FY08.

Population: Adults with disabilities, especially those with SMI and COD.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Reported number of housing options developed during FY08.

Measure: Number

Sources of Information: CHI Annual Report

Special Issues: Housing options are along a continuum from supervisory group living to home ownership.

Significance: The ability to access housing of choice is a basic need and desire of all persons and can be especially significant to persons with mental illnesses who are working toward recovery.

Activities and strategies/ changes/ innovative or exemplary model: In 2001, DMHDD formed a strategic plan to partner with Tennessee communities to create housing options for people with mental illness and co-occurring disorders efficiently and effectively. The Creating Homes Initiative (CHI), working with local community housing developers and other stakeholders in partnership with seven regional housing facilitators, has been extremely successful in leveraging a relatively small amount of state dollars to affect housing development.

CHI has, since its inception, leveraged more than $198,151,146 and developed 7,272 housing options across the state.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Services to Older Adults

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	500	1,008	1,108	760	68
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To engage older adults with mental health or substance abuse issues in a treatment/support community.

Target: To provide services to an additional 100 older adults.

Population: Adults age 55 and Over with mental illness or COD.

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Number engaged in treatment/support services.

Measure: Number

Sources of Information: Annual Project Reports

Special Issues: Data will include numbers served by four Older Adult Outreach Projects and by the OATS project for older adults with substance abuse issues.

Significance: Older adults are less likely to seek mental health or substance abuse treatment through the traditional mental health service system and are best engaged through collaboration with primary care and other older adult non-treatment service communities.

Activities and strategies/ changes/ innovative or exemplary model: DMHDD recognizes that older adults are underserved within the behavioral health system and promotes projects and outreach activities to better serve them. Four projects provide outreach, screening, assessment, linkage, treatment and supportive services to persons age 55 and over with mental health service needs; and provide community mental health education to promote awareness and knowledge about geriatric mental health concerns. These projects provided assessment and counseling sessions to over 800 older adults and provided wellness education groups to an equal number.

The Older Adult Treatment Services (OATS) Program is a CSAT Grant project that follows a best practice guideline for the treatment of substance abuse. This project ended during FY08 and served over 220 adults in the Nashville area.

Target Achieved or Not Achieved/If Not, Explain Why: Not achieved. In the Older Adult Projects, an unduplicated count can only be achieved for assessment and counseling services. Some of those individuals may have also participated in one or more wellness/education groups.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: SMI Priority Population Access

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	89,113	83,870	84,170	98,951	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To ensure access to necessary mental health services for adults with SMI within the public mental health system.

Target: To increase by 300 the number of adults with SMI served.

Population: Adults assessed as SMI and receiving any publicly funded behavioral health services.

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Number of adults with SMI served by age, gender and race/ethnicity.

Measure: Number - FY08 Target has been recalculated based on actual rather than projected FY07 outcome.

Sources of Information: TennCare Bureau, MHSN Data System, URS Table 14

Special Issues: Priority population adults consistently comprise approximately 10% of the total TennCare population and accounted for 74% of behavioral health service recipients within TennCare in FY08.

Significance: Decreasing numbers served through the MHSN and increasing numbers served through the TennCare system may reflect an increasing number of persons meeting Medicaid eligibility.

Activities and strategies/ changes/ innovative or exemplary model: The population for this performance indicator was expanded to include adults with SMI receiving any publicly funded behavioral health service to include both TennCare and the DMHDD Mental Health Safety Net (MHSN). The majority of adults with SMI receive treatment services as enrollees in TennCare - some 88,108 in FY08. The remaining adults with SMI - 10,843 -were served through the MHSN.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Satisfaction with Housing

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	N/A	N/A	62.41	N/A
Numerator	N/A	N/A	--	8,524	--
Denominator	N/A	N/A	--	13,657	--

Table Descriptors:

Goal: To use TOMS data to determine service recipients satisfaction with their living situation.

Target: To determine a baseline for the number of adult service recipients who like their living situation.

Population: Adults receiving public mental health services and participating in TOMS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Percentage of adults responding positively on TOMS survey question.

Measure: Numerator: Number of adults choosing favorable response to “I like my living situation” on TOMS surveys.
Denominator: Total number of adults completing this question on TOMS surveys.

Sources of Information: TOMS Adult Survey, URS Table 15

Special Issues: As TOMS is a new system, future performance indicators may be revised.

Significance: While housing must be appropriate to the needs of the individual, consumer choice and satisfaction are key to stability and recovery.

Activities and strategies/ changes/ innovative or exemplary model: In the TOMS pilot project data summary, approximately 92% of service recipients reported their living situation as ‘private residence’. It was noted that 30% of respondents marked ‘never’ or ‘rarely’ in response to the statement: “I like my living situation.” For FY08, we chose to measure stability in housing as the percent of persons responding positively to the question “I like my living situation”; that is, choosing answers of ‘sometimes’, ‘often’, or ‘almost always’.

For FY08, the percent reporting 'private residence' dropped to 83%. While the majority of responders reported favorably about where they lived, even if only sometimes liking their situation, approximately 37% of mental health consumers reported an overtly negative response. This percentage stayed the same whether for those service recipients who were publicly funded or those with other means of payment. Clearly, there is more work to do to satisfy consumer choice and satisfaction in this area.

Target Achieved or Not Achieved/If Not, Explain Why: Baseline measure via TOMS obtained.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Support for Recovery Oriented Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	54.60	54	50	57	100
Numerator	4,179,500	4,179,500	--	4,389,500	--
Denominator	7,647,500	7,651,500	--	7,651,500	--

Table Descriptors:

Goal: To assure availability of support and recovery-oriented services for adults with SMI.

Target: To expend a minimum of 50% of Block Grant funding for recovery-oriented services for adults with SMI.

Population: Adults with SMI.

Criterion: 5:Management Systems

Indicator: Percent of block grant funds allocated for recovery-oriented services.

Measure: Numerator: Amount of Block Grant dollars spent on recovery-oriented services Denominator: Total amount of Block Grant funding minus administrative costs

Sources of Information: DMHDD Budget

Special Issues: Funding allocations used to determine "recovery oriented services" include Assisted Living Projects, Peer Support Centers and the BRIDGES educational curriculum.

Significance: Especially in light of loss and reduction of health care benefits, recovery-focused activities provide peer counseling and support, illness management education and help with daily skill building.

Activities and strategies/ changes/ innovative or exemplary model: Non-clinical services, especially recovery and support services are considered important for maintaining wellness, promoting empowerment, improving community reintegration and contributing to improvement in an individual’s quality of life.

Since 1996, DMHDD has utilized Block Grant dollars to pilot, promote, maintain and enhance a variety of non-clinical service initiatives and alternatives to assist consumers to live, work, learn, and participate fully in their communities despite their illness. While these services are highly valued, state budget cuts may force significant cut backs in this service area in order to provide necessary treatment services to priority populations without means to pay for services.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	48,526	52,468	52,668	52,649	99.96
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To maintain access to behavioral health services through the public managed care system for children and youth.

Target: To serve an additional 200 children and youth in FY08.

Population: Children and youth under 18 enrolled in TennCare.

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Unduplicated number of C&Y served.

Measure: Number - FY08 Target has been recalculated based on actual rather than projected FY07 outcome.

Sources of Information: TennCare Bureau, URS Table 2a

Special Issues: As of June 30, 2008, 629,547 children and youth were enrolled in TennCare.

Significance: More options are becoming available for health insurance coverage to parents and children, through a number of children and youth, especially minorities, are not utilizing available services.

Activities and strategies/ changes/ innovative or exemplary model: TennCare enrollment remains available for children and youth under age 21 who meet eligibility requirements for Medicaid.

Nearly 25,000 non-Medicaid eligible children without access to health insurance receive benefits through CoverKids - Tennessee's SCHIP program, but service data is not currently available to DMHDD. The State estimates that over 100,000 Tennessee children and youth do not have health insurance. Continued local and statewide media efforts are made to increase parent and other caregiver awareness of the opportunities for health insurance coverage for children and youth through TennCare or CoverKids.

Target Achieved or Not Achieved/If Not, Explain Why: Statistically achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	8	9.01	9	3.95	227.85
Numerator	39	78	--	21	--
Denominator	490	866	--	532	--

Table Descriptors:

Goal: To offer effective inpatient treatment and continuity of care to maximize community tenure.

Target: Maintain rate of readmission to state psychiatric hospitals within 30 days of discharge to below 10%.

Population: Persons age 0-17 receiving a psychiatric inpatient service.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of children and youth discharged from inpatient services that are readmitted within 30 days.

Measure: Numerator: Number of persons age 0-17 who are readmitted to a state hospital (RMHI) within 30 days of discharge.
Denominator: Number of persons age 0-17 discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: DMHDD, Division of Managed Care, Office of Hospital Services

Special Issues: Only two state hospitals have inpatient beds for children.

Significance: Children are best served within the context of family and community

Activities and strategies/ changes/ innovative or exemplary model: State hospitals general account for less than a quarter of children and youth admissions. MCOs contract with the two RMHIs that provide inpatient care to children and youth.

Readmission rates, at least within 30 days, are often dependent upon continuity of care and connection with community treatment and support services. MCO standards of care require a case management assessment prior to discharge, a case manager face-to-face encounter within seven days, and routine outpatient services available within fourteen days. Outpatient providers are required to maintain access logs of initial appointments and performance is monitored by both the MCC and DMHDD.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	18.57	21.13	16	12.41	128.93
Numerator	91	183	--	66	--
Denominator	490	866	--	532	--

Table Descriptors:

Goal: To assure effective inpatient treatment and continuity of care to maximize community tenure.

Target: To decrease rate of readmission to state psychiatric hospitals within 180 days of discharge to FY05 levels (15.9%).

Population: Persons age 0-17 receiving a psychiatric inpatient service.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of persons age 0-17 discharged from inpatient services in FY07 that are readmitted within 180 days.

Measure: Numerator: Number of persons age 0-17 who are readmitted to a state hospital (RMHI) within 180 days of discharge.
Denominator: Number of persons age 0-17 discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: DMHDD, Division of Managed Care

Special Issues: Only two state hospitals have inpatient beds for children.

Significance: A major goal of a comprehensive, community-based mental health system of care is the development of effective community and in-home alternatives to hospitalization.

Activities and strategies/ changes/ innovative or exemplary model: While serious emotional disturbances can require hospitalization for necessary adjustments or crisis situations, a major outcome of a comprehensive, community-based mental health system of care is the ability to provide early intervention and family-centered services within the home, school, or other least restrictive environment. Intensive in-home services for at risk children, education and support for caregivers of children with SED and other emotional and behavioral issues and intensive, specialized interventions by children and youth crisis services programs, all serve to impact the child's ability to remain in the family and community setting.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	838	3,048	3,068	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To assure appropriate placement of children with SED or other emotional problems who require foster care.
Target:	To increase by 20 the number of children and youth receiving Therapeutic Foster Care services.
Population:	Children and youth requiring foster home care provided by DCS during FY08.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Number of children and youth receiving therapeutic foster care during FY08.
Measure:	Number - FY08 target recalculated based on FY07 Actual.
Sources of Information:	Source: Provider Survey, DCS
Special Issues:	States may be providing other best practices not included in URS Table 16.
Significance:	Caregivers providing foster care to children and youth with emotional disturbances or mental illness require training and support to promote a stable, secure, and therapeutic environment.
Activities and strategies/ changes/ innovative or exemplary model:	Families sometimes are unable or unwilling to care for children. DCS is responsible for providing temporary care or foster care for many of these children. DCS recruits foster families who provide safe and supportive homes in which the children's emotional, physical and social needs can be met. For children with emotional and/or behavioral problems, specialized training is necessary to provide such care. TFC is a temporary service until the family and, in some cases, the child can address the problems which made placement necessary. When parents cannot or will not make their home safe for the child's return, other permanent options are sought. These include adoption or, for older youth, independent living arrangements.
Target Achieved or Not Achieved/If Not, Explain Why:	Not achieved - estimated at 3,000. Data from the Department of Children's Services not received prior to submission deadline.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Multi-Systemic Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	1,200	555	1,200	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To promote evidenced-based practices that successfully demonstrate positive outcomes.

Target: To maintain MST services to 1,200 children and youth.

Population: C&Y assessed as SED receiving a TennCare Partners service or DCS provided service during FY08.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of children and youth receiving MST.

Measure: Number

Sources of Information: DMHDD 2008 Provider EBP Survey

Special Issues: Some CMHAs report use of components of MST, but do not meet fidelity criteria for the model.

Significance: Youth Villages is the only community contract agency reporting MST services meeting minimum fidelity criteria.

Activities and strategies/ changes/ innovative or exemplary model: Statute prohibits DCS from expending state funds on any juvenile justice program or program related to the prevention, treatment or care of unruly and delinquent juveniles, including any service model or delivery system, unless the program is evidence-based. This ruling does not mandate MST as that EBP. However, as MST is a national model for services to delinquent children and youth, numbers served through this intervention may increase in the future.

One of fifteen CMHAs responding to the 2008 EPB Provider Survey reported the availability of MST with 250 children and youth served.

Target Achieved or Not Achieved/If Not, Explain Why: Target not achieved - Youth Villages, a multi-state service agency for emotionally and behaviorally troubled children and their families, has previously been the only agency reporting MST services. This year's they reported no MST services. Follow-up revealed that MST services had been delivered as part of a multi-year clinical trial in Tennessee. That clinical trial has ended and, due to the stringent restrictions of the license related to target populations, is not planned to continue at that agency.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	100	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: No PI planned for this measure. Available at one CMHA in FY07 - no reported services in FY08.

Target Achieved or Not Achieved/If Not, Explain Why: Not Applicable

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	66	67.54	70	87.38	124.83
Numerator	1,753	1,138	--	942	--
Denominator	2,659	1,685	--	1,078	--

Table Descriptors:

Goal: To provide behavioral health services to children and youth that produce positive measurable and observable outcomes.

Target: To attain a 70% rating on the number of families who report positively about service outcomes for their children.

Population: C&Y receiving publicly funded services and completing a MHSIP annual survey in FY08.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of persons scoring a positive response on outcomes domain.

Measure: Numerator: Unduplicated # of individuals reporting positive response to questions in outcomes domain.
Denominator: Unduplicated # of individuals responding to domain questions.

Sources of Information: TOMS MHSIP Parent Survey; URS Table 11

Special Issues: There are TOMS survey instruments for both parents and youth. NOMS are derived from the parent survey results.

Significance: An observable improvement provides opportunities for positive feedback to the child and promotes acceptance of treatment for the caregiver.

Activities and strategies/ changes/ innovative or exemplary model: Up until 2008, the survey was done by convenience sample during a prescribed period of time. As preparation for making the annual survey a part of the newly developed Tennessee Outcomes Measurement System (TOMS), random TOMS participants were selected to complete an annual MHSIP survey. This resulted in a smaller sample for this first year.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	10.32	N/A	11.77	N/A
Numerator	N/A	354	--	584	--
Denominator	N/A	3,429	--	4,963	--

Table Descriptors:

Goal: To use TOMS data to determine school attendance rates of children and youth receiving publicly funded mental health services.

Target: Baseline number of days of school missed by children and youth service recipients.

Population: Children and youth receiving public mental health services and participating in TOMS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of children with poor school attendance.

Measure: Numerator: Number reporting more than six days of school missed.
Denominator: Total number of C&Y completing school question.

Sources of Information: TOMS Parent Survey

Special Issues: As TOMS is a new system, future performance indicators may be revised.

Significance: A goal of treatment is adequate role functioning for children and youth with mental illness or emotional disturbances. Attendance at school is a normal role for most children and youth.

Activities and strategies/ changes/ innovative or exemplary model: TN is unable to report URS Table 19b as currently developed and is attempting to measure the impact of serious emotional disturbance on school attendance. Reporting "problem absence" was based on the liklihood of exceeding the allowable number of days absent according to state Department of Education regulations. TOMS questions parents on how many school days were missed in the last month. TOMS data show approximately 10-12% report their children missing more than six days of school in the previous month; six days is the allowable number of absences for the entire school year. Although many factors can influence absence from school; some unrelated to a child’s emotional or behavioral problems, better measures for this indicator are being researched.

Target Achieved or Not Achieved/If Not, Explain Why: Baseline measure via TOMS obtained.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	0	3.53	N/A	3.38	N/A
Numerator	0	132	--	182	--
Denominator	N/A	3,740	--	5,382	--

Table Descriptors:

Goal: To use TOMS data to determine how many children and youth report criminal justice involvement.

Target: Baseline percentage for TOMS data of children and youth service recipients who have been arrested.

Population: Children and youth receiving public mental health services and participating in TOMS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of children and youth reporting at least one arrest.

Measure: Numerator: Number of C&Y reporting any number of arrests on TOMS survey.
Denominator: Total number of C&Y completing arrest question on TOMS surveys during FY08.

Sources of Information: TOMS Parent Survey, URS Table 19A

Special Issues: As TOMS is a new system, future performance indicators may be revised.

Significance: Children and youth with mental illness or emotional disturbances are best served in the mental health system. One goal of treatment is to reduce the likelihood of behaviors that could lead to juvenile justice involvement.

Activities and strategies/ changes/ innovative or exemplary model: FFY07 and SFY08 data indicated that around 3-4% of TOMS parent participants reported that their child had been arrested at least once within the past month. As the age of the child increases, that percentage generally increases.

DMHDD supports mental health liaison positions with criminal justice systems in twenty-three counties. Staff infrequently interface with the juvenile justice system, but have collaborated on assessment tool development.

As with previous years, arrests appear to decrease with time in treatment. We are reporting the Criminal Justice NOM via Table 19a of the URS as follows: For 6,551 children and youth with less than 12 months of services, 556 reported an arrest -8%. For 1,808 children and youth with at least 12 months of services, only 98 reported an arrest - 5%.

Target Achieved or Not Achieved/If Not, Explain Why: Baseline measure via TOMS obtained.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	0	.07	N/A	.05	N/A
Numerator	0	4	--	3	--
Denominator	N/A	6,117	--	5,529	--

Table Descriptors:

Goal: To determine how many children and youth receiving services report homelessness.

Target: Baseline percent via TOMS survey data.

Population: Children and youth receiving public mental health services and participating in TOMS.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of children and youth reporting homelessness.

Measure: Numerator: Number indicating a homeless choice as their living situation.
Denominator: Total number of youth and caregivers completing living situation question on TOMS.

Sources of Information: TOMS Parent Survey, URS Table 15

Special Issues:

Significance: A goal of treatment is to engage persons in a recovery and resiliency process by enabling access to adequate housing options.

Activities and strategies/ changes/ innovative or exemplary model: Previous responses were obtained from a convenience MHSIP survey. Baseline TOMS data was obtained for FY07 and FY08. DMHDD supports homeless outreach services in six areas across the state to identify and assist homeless families with children and youth to link with necessary services and supports.

Target Achieved or Not Achieved/If Not, Explain Why: Baseline measure via TOMS obtained.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	85.72	87.54	88	94.92	107.86
Numerator	2,347	1,518	--	1,384	--
Denominator	2,738	1,734	--	1,458	--

Table Descriptors:

Goal: To promote social support systems for parents/caregivers of children and youth with mental illness or emotional disturbances.

Target: To increase by 1% the rating on the number of families who report positively on this domain.

Population: Caregivers of C&Y receiving publicly funded services and completing a MHSIP annual survey in FY08.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of persons submitting a positive survey response.

Measure: Numerator: Unduplicated # of individuals reporting positive response to questions in SC domain.
Denominator: Unduplicated # of individuals responding to SC domain questions

Sources of Information: TOMS MHSIP Parent Survey, URS Table 9

Special Issues: Survey responses decreased due to the change-over from a convenience sample to a random sample midway through the year.

Significance: Adequate education and support for the parent or caregiver can enable a more appropriate response to the child's actions, decrease overall frustration, and instill a sense of hope within the family.

Activities and strategies/ changes/ innovative or exemplary model: Up until 2008, the survey was done by convenience sample during a prescribed period of time. As preparation for making the annual survey a part of the newly developed Tennessee Outcomes Measurement System (TOMS), random TOMS participants were selected to complete an annual MHSIP survey. This resulted in a smaller sample for this first year.

DMHDD supports a variety of family support, advocacy and consultation activities targeted to promote support for families of children with emotional and/or behavioral disorders. Homogenous support, education, and self-help groups have long demonstrated an effectiveness at helping people feel that they are not alone, that there are things that work, and that there are others who understand and will listen and share what helps them.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	N/A	70.63	70	86.60	123.71
Numerator	N/A	1,181	--	989	--
Denominator	N/A	1,672	--	1,142	--

Table Descriptors:

Goal: To provide behavioral health services to children and youth that result in increased functioning in role responsibilities.

Target: To attain an 70% rating on the number of families who report positively about improved functioning for their children.

Population: C&Y receiving publicly funded services and completing a MHSIP annual survey in FY08.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Percentage of positive survey responses on functioning domain.

Measure: Numerator: Unduplicated # of individuals reporting positive response to questions in functioning domain.
Denominator: Unduplicated # of individuals responding to domain questions

Sources of Information: TOMS MHSIP Parent Survey, URS Table 9

Special Issues: Survey responses decreased due to the change-over from a convenience sample to a random sample midway through the year.

Significance: Improved functioning levels in school, with family and others is a sign of treatment success and enhances resiliency in the child or youth.

Activities and strategies/ changes/ innovative or exemplary model: Services that provide measurable and observable outcomes in problem behaviors and peer activities are important to both caregiver and child/youth.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Services for C&Y with Co-Occurring Disorders

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	79	80	80	N/A	N/A
Numerator	828	1,006	--	N/A	--
Denominator	1,044	1,258	--	N/A	--

Table Descriptors:

Goal: To ensure that children and youth with COD have access to appropriate services.

Target: To provide substance abuse services to 80% of children and youth with COD.

Population: Children and youth enrolled in TennCare diagnosed with SED and any substance abuse diagnosis.

Criterion: 3:Children's Services

Indicator: Percent of children with COD who receive a substance abuse service through the behavioral managed care system.

Measure: Numerator: Unduplicated # of children and youth under 18 receiving a substance abuse service.

Denominator: Unduplicated # of children and youth with a COD.

Sources of Information: DMHDD, Division of Managed Care

Special Issues: Breakout data for substance abuse services is currently not available.

Significance: While integrated services is the optimal service goal, the ability to access appropriate inpatient and outpatient substance abuse services is critical for those with COD.

Activities and strategies/ changes/ innovative or exemplary model: The Division of Alcohol and Drug Abuse Services serves persons under eighteen with a mental health diagnosis, but does not specify as SED for alcohol and drug services provided under the Substance Abuse Block Grant. Therefore, the target population has been children receiving services under TennCare.

We have reported this as a state-specific measure for several years. With the dissolution of the Division of Managed Care, DMHDD no longer has direct access to eligibility and encounter data for TennCare recipients, and this data was not included in the URS/NOMS data request from TennCare. While we have no diagnostic data for the "Denominator" for this indicator, URS Table 12 does indicate that 4% of children and youth with SED also received a substance abuse service. This would translate to approximately 1,320 children and youth.

Target Achieved or Not Achieved/If Not, Explain Why: Unable to report.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Support for Early Intervention

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2008 Percentage Attained
Performance Indicator	22.80	22.82	20	22.81	100
Numerator	1,745,500	1,745,500	--	1,745,500	--
Denominator	7,647,500	7,651,500	--	7,651,500	--

Table Descriptors:

Goal: To ensure the availability of early intervention services for children and youth.

Target: To maintain a minimum of 20% of Block Grant funding for early intervention and prevention services.

Population: Children and Youth with SED, or at risk of SED

Criterion: 5:Management Systems

Indicator: Percentage of block grant funds being used for prevention and early intervention services.

Measure: Numerator: Amount to be allocated for prevention and early intervention services
Denominator: Total amount of block grant funding minus administrative costs

Sources of Information: DMHDD Office of Fiscal Services, Budget Allocation

Special Issues: Block grant allocations include BASIC and the Early Childhood Network.

Significance: Children and youth under eighteen comprise nearly 25% of Tennessee's population. Early prevention and intervention services are considered important to avoid the development of more serious emotional and/or behavioral problems.

Activities and strategies/ changes/ innovative or exemplary model: While supporting treatment, education, and other child and family support services, DMHDD is committed to a philosophy of prevention and early identification and intervention. The Department uses federal and state funding to support services aimed at prevention and the early identification of behavioral and/or emotional problems in children and youth. These include, but are not limited to: Child Care Consultation, Regional Intervention Programs (RIP); the Early Childhood Network; and Project BASIC.

Other identification and early intervention programs include homeless outreach to at-risk children or any age living in families that are homeless and a program of intervention for high-risk children of addicted mothers in a residential program. It is hoped that the continuing state budget crisis will not negatively impact these service areas.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved

Tennessee

Planning Council Letter for the Implementation Report

Upload Planning Council Letter for the Implementation Report

FAXED SIGNED COPY MAILED TO
SAMHSA GRANTS MANAGEMENT

December 1, 2008

Ms. Barbara Orlando
Grants Management Specialist
Division of Grants Management, OPS, SAMHSA
1 Choke Cherry Lane, Room 7-1091
Rockville, MD 20850

Dear Ms. Orlando:

The Tennessee Mental Health Planning & Policy Council was given the opportunity to review the 2008 CMHS Block Grant Implementation Report approximately one week prior to its quarterly meeting on November 21, 2008. While this was a shorter time period for review than in previous years, the report narrative was generally brief.

Minimal comments on the Implementation Report were received. The Council agrees that many good efforts have and are being made, but all system stakeholders are extremely concerned over looming budget cuts of 10% or more for the Department of Mental Health and Developmental Disabilities. We are very fearful that we will not only lose a well-established system of support, recovery and early intervention services, but also decrease access to clinical services for our most vulnerable uninsured population.

Tennessee uses its block grant to fund numerous programs and services that achieve demonstrable outcomes in the communities where those programs exist. However, the current economic reality not only prevents the appropriate build out of these fine programs to a scale to serve all Tennesseans, but threatens to diminish current community resources even further.

The Council is committed to continued advocacy efforts to help state government make the best decisions for its citizens with mental illness.

Sincerely,

Ben Harrington, Chair
Tennessee Mental Health Planning and Policy Council

Tennessee

Appendix B (Optional)

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.

ANNUAL STAKEHOLDER REPORT OF MENTAL HEALTH SERVICE ACTIVITIES

FISCAL YEAR 2008

JULY 1, 2007 – JUNE 30, 2008

Tennessee Department of Mental Health and Developmental Disabilities

Division of Recovery Services and Planning
Planning Section

December 1, 2008

TENNCARE PARTNERS PROGRAM (M/S)

Served

- Provided behavioral health services to 119,049 adults and 52,649 children and youth.
- Of those served, 88,108 adults were assessed as SMI, and 33,004 children and youth were assessed as SED.
- Approximately 20% of adults and 4% of children and youth had a co-occurring diagnosis of a mental illness and a substance abuse disorder.

Crisis Response Services

A statewide 24/7 response capability for persons experiencing a psychiatric crisis.

- Completed a total of 51,323 face to face assessments: 86% eighteen and above and 14% under age eighteen.
- Payor source of persons receiving face to face assessments: 46.6% TennCare, 11.4% Medicare, 10% Commercial Insurance, 32% none.
- Less than 10% of persons receiving face to face assessments were active in case management.
- Statewide mean response time = 36 minutes for "psychiatric emergency" and 63 minutes for "urgent" assessments.
- Rate of diversion from hospitalization = 57%.

Crisis Stabilization Services
$7,803,000 (S)

A non-hospital facility-based service offering intensive, short-term stabilization services for those persons whose behavioral health condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource.

- Chattanooga – 989 admissions.
- Cookeville – 841 admissions.
- Nashville – 1,491 admissions.

Crisis stabilization services also receive a substantial amount of TennCare funding.

DMHDD – ADULT SERVICES

Assisted Living Housing (BG)
$210,000

A transitional housing program to assist individuals to gain skills necessary to live independently in the community. Assisted housing sites served 50 unduplicated adults. Of those leaving assisted housing:

- 53% were discharged to independent apartment living
- 13% moved to supportive living housing
- 20% moved in with family

Consumer Housing Specialists (S)
$219,100

Four Consumer Housing Specialists assist the Creating Homes Initiative through outreach and education to reduce stigma, through consumer education about how to access safe, quality, affordable housing options, through consumer support to access funding for supportive housing, through consumer and family training on how to access web-based information on housing, and through assuring the web-based housing information is updated and accurate.

Consumer/Family Support Services (S/BG)
$599,982
To develop consumer and family advocacy and support services that offer emotional support, education, and information to consumers with mental illness and their families. (Includes BRIDGES, With Hope in Mind (WHM), and In Our Own Voice)

- The BRIDGES curriculum was provided to 231 consumers with 128 graduates.
- Three (3) regional consumer advocates responded to 1,540 individual consumer requests and provided 52 training events with 1,300 consumers trained in self advocacy skills.
- Thirty-eight (38) consumer support groups were attended by more than 3,300 consumers of mental health services.
- NAMI-TN expanded to 43 local and 2 campus affiliate groups offering monthly support groups and educational meetings.
- The NAMI-TN statewide Help Line assisted 4,375 individuals with information and referral and/or supportive counseling services.
- Twenty-one (21) WHM family education classes were conducted to 158 participants.
- In Our Own Voice, a consumer-run community awareness program, trained and certified eighty-three (83) presenters and made 158 full (90 minute) presentations to an estimated 4,000 persons. Another 600 persons participated in abridged versions as part of other training events.

Co-Occurrence Project (S)
$390,613
This project develops strategies to better serve people affected by co-occurring mental and substance abuse disorders. Currently, there are ten (10) contracted COD case management programs for uninsured adults and one (1) COD education, training and consultation program.

- COD case management services were delivered to 733 adults.
- COD education, training and consultation were delivered to 385 community professionals.

Creating Homes Initiative Counseling/Consultation (S)
$60,000
DMHDD's Creating Homes Initiative (CHI) continues to expand. Units acquired range along a continuum from home ownership to supervised group housing options.

- Total of 7,272 units were created or improved since inception in February 2000.
- Over $209 million was leveraged for housing development.

Creating Jobs Initiative (S)
$160,800
A program to offer supported employment and education services to adults with mental illness or co-occurring disorder in the Chattanooga area through the establishment of an Employment Resource Center with trained staff to address the employment needs of individuals with mental health issues.

- Chattanooga site assisted 181 adults to find employment.

Criminal Justice / Mental Health Liaison Projects (S/BG)
$849,600
Provides interventions for adults with mental illness or co-occurring disorders of mental illness and substance abuse who are in jail or at risk of being jailed and promotes collaborative educational efforts between CJ and MH systems.

- Serviced 2,775 unduplicated consumers.
- Eighty-four percent (84%) of initial contact with individuals was made in the jail.
- Forty-four percent (44%) of consumers served benefited from pre or post arrest diversion, deferral from the forensic process, reduced charges or diversion from jail from probation status.
- Diversion activities resulted in an estimated reduction of 988,130 days of incarceration.
- Ninety-eight percent (98%) of consumers were linked with mental health services while in jail, 66% within five (5) days of entry.
- Over 60% received release planning, with 43% linked with services upon release.
- Recidivism rates (to jail in same county) remain low at 5.5% within twelve months post release.

Each CJ/MH Liaison is assigned judicial districts in order for all counties to be offered training opportunities. Primary training activities for FY08 include:

- As part of a 40-hour basic training requirement for Tennessee Correctional Institute jail certification, liaisons provided 28 sessions on mental health and mental illness to 698 law enforcement personnel.
- Liaison staff provided Mental Health Crisis Management training to 1,077 law enforcement and transportation personnel through 59 quarterly training events.

Housing within Reach Website (S)
$16,000
A user-friendly site that assists consumers, family members, advocates and providers to locate housing options available across the state.

HUD & Permanent Housing (S)
$3,330,450
A range of supportive housing options including independent supported apartments, congregate group homes and 24/7 supervised congregate living. Funding provides recovery support services and operating costs for 619 beds at 64 facilities.

- Served 748 people in group homes, independent apartments and permanent housing sites

Independent Living Assistance (S)
$592,000
Short-term subsidies for people with severe mental illness living below Federal Poverty Level to assist in securing and keeping housing, utilities and needed medical, dental and eye care

- Average income of adults receiving assistance was $635 per month
- Served 2,313 duplicated individuals (2,116 unduplicated) through 22 agencies
- Subsidies provided assistance for the following needs: 45% rental supplements, 35% utility supplements, 8% rental deposits, 5% utility deposits, 3% dental care, and 1% eye care
- Average subsidy provided (unduplicated) was $258.85 per person.

Intensive Long-Term Support Program (S)
$787,800
This project provides a variety of intensive supports and services to meet individual needs of consumers discharged from a state psychiatric hospital to facilitate their success in stable living situation in the community with minimal rehospitalization.

- Services provided at 5 group homes with 40 beds to 84 individuals
- Survey of residents showed 2.5 times reduction in hospital days after entry

Mental Health Safety Net Program (S)
$11,500,000
A core service package of clinical, medication, and case management services designed to provide basic services to adults with SMI disenrolled from the TennCare waiver population. Includes access to free and subsidized medications. As of July 7, 2008:

- 15,988 adults were registered for services;
- 10,843 adults received services; and
- 105,618 individual services were delivered.

Older Adult Treatment Services - OATS (F)
$227,077
The OATS grant provides a comprehensive continuum of treatment for adults aged 50 and over who are abusing alcohol or other drugs in the Greater Nashville Area. It is modeled after CSAT TIP #26, "Substance Abuse Among Older Adults." (Client enrollment began February 2005 and grant ended September 30, 2008.)

- Served 223 older adults.
- Provided education to 1,853 community professionals
- A total of 4,781 older adults and family members were provided education about mental health and substance abuse issues.

Older Adult Care Project (BG)
$280,000
The Older Adult Projects provide outreach, screening, assessment and linkage to supportive services and treatment to persons 55 and over. The Older Adult Projects collaborate with primary care clinics and other adult community services agencies to provide mental health education and promote awareness and knowledge about geriatric mental health and substance abuse concerns.

- Provided In-home depression screening and in-home counseling sessions to 1,064 seniors unable to access services outside of their home
- Served 4,340 seniors through a variety of wellness and educational activities

PATH – Projects for Assistance in Transition from Homelessness (S/F)
$1,014,500
This program provides outreach and case management services for adults with serious mental illness who are homeless or at risk of homelessness to link them with treatment, support and housing opportunities.

- Contacted 2,708 homeless individuals
- Provided homeless case management services to 2,408 adults with mental illness
- PATH intervention increased people receiving SSI or other government assistance from 32% to 41% and those receiving TennCare from 19% to 29%

Peer Support Centers (S/BG)
$4,625,160
A consumer-run peer support, education, and socialization program for adult consumers of mental health services.

- Point in time monthly attendance was approximately 3,000 members.
- Outcomes demonstrated in the 2008 consumer satisfaction survey of PSC members showed that:
    - 92% felt they were less likely to be hospitalized,
    - 94% were better able to ask for help when needed,
    - 93% felt more in control of their life, and
    - 96% reported participating more fully in their treatment and recovery.

Real Choice Systems Change Grant (Gateway to Recovery) (F)
The grant goal is to provide a Person-Centered Planning (PCP) process for each consumer that identifies his/her strengths, capacities, preferences and needs. Certified Peer Specialists will work with consumers to help them optimize choice, embrace personal responsibility and receive coordinated quality care. To date:

- WRAP facilitators trained=104
- Illness Management & Recovery facilitators trained=63
- Website to be used by consumers, caregivers and providers to link to resources in communities is being developed.

Regional Housing Facilitators (S)
$520,900
These facilitators work with local communities to increase the current permanent supportive housing available for consumers diagnosed with serious and persistent mental illness and co-occurring disorders. The RHFs provide technical assistance to local community partners to write grants, secure financial support from multiple funding streams and then coordinate the creation and improvement of housing opportunities

- This program creates over 900 supportive housing units per year for people living with mental illness by leveraging multiple funding sources. Since the program began, 7,272 housing options have been created
- TDMHDD state funds have assisted the Regional Housing Facilitators in leveraging approximately $49 from other sources for every $1 in state funds invested in the Regional Housing Facilitator program. Since the program began, over $209 million has been leveraged

Targeted Transitional Support (S)
$303,000
This program provides short-term subsidies for rent and utilities to facilitate adults being discharged from state psychiatric hospitals to transition to community living.

- Assisted 862 people (duplicated count) to be discharged from hospital care.
- Made 632 payments on behalf of discharged individuals: 66% on housing, 11% on medication, 6% on mental health services, 6% on transportation, and 10% on other needs.
- Average amount spent per person was $232.23

Transportation (S)
$300,000
DMHDD provides funding to 14 CMHAs to assist with purchase and maintenance of vans for transportation of consumers to Peer Support Centers and planned activities.

- Approximately 60% of consumers responding to the annual 2008 Peer Support Center Survey utilized center-provided transportation services at some time, with 50% reporting reliance on this transportation in order to attend Center activities.

DMHDD – CHILDREN & YOUTH SERVICES

BASIC-Better Attitudes and Skills in Children (BG)
$1,600,500
An elementary school-based mental health early intervention and prevention service that works with children grades K-3 to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult mental health problems.

- Served 15,947 children and youth in 39 counties at 43 sites.
- Served 1,262 children with SED.
- Newly identified 200 children as SED.

Child Care Consultation (S)
$163,000
The Child Care Consultation program provides mental health training and technical assistance services to childcare and early childhood centers across the three Grand Divisions of East, Middle and West Tennessee.

- Provided training and technical assistance to 719 staff members of 162 early childhood centers affecting 5,966 children.
- Provided training to112 staff members of 61 pre-K classrooms affecting 1,531 children.

Early Childhood Network (BG)
$145,000
A collaborative effort on the local level to identify and address the mental health needs of preschool through third grade children identified by families or community providers as SED or at risk of SED through a county-wide community system of care model.

- Served 63 children and 71 families In Maury County.
- Served 20 children and 21 families in Rutherford County.

Education and Training - Erasing the Stigma/Kids on the Block (S)
$110,000
Promotes understanding of mental illness by providing education and information about mental wellness and mental illness to children and youth. Public awareness activities are presented to forums of youth and adults with the goal of promoting knowledge about mental health and reducing stigma.

- Total of 190 Erasing the Stigma presentations given to 4,759 children and 581 adults.
- Total of 380 Kids on the Block presentations given to 42,868 children and 4,129 adults.

Family Support and Advocacy (S)
$337,959
TN Voices for Children provides for a variety of education, support and outreach services regarding children with SED to parents and professionals across the state. An annual TeenScreen is coordinated at area schools. A newsletter, library service and Internet site are also available.

- Provided thirteen (13) support groups with an estimated 6 persons attending each meeting.
- Total number of parent/caregiver contacts=12,199; professional contacts=65,200
- Provided education support and advocacy services for 161 families by attending 228 school-related meetings.
- Provided "teen screen" for 794 youth at 12 schools and provided case management follow-up for 210 positive screens.

Homeless Outreach Project for Children and Youth (S)
$217,000
Provides outreach and case management services to homeless families with children to identify children and youth with SED and link them with appropriate services

- Referred 413 families to appropriate services during outreach
- Provided case management services to 311 families with 639 children
- Referred 148 children for mental health screening
- Identified 126 children with SED
- Assisted 56% of families to secure permanent housing

Jason Foundation. Inc. - JFI (BG)
$77,500
The JFI Curriculum is a youth suicide prevention curriculum for use in middle and high schools across the state as well as for churches and other community organizations that work with children. Four college program pilot sites have also been developed.

- Total schools using curriculum is 648, impacting an estimated 208,782 students.
- Total community organizations using JFI = 287
- Twenty-four (24) Teacher Seminars presented to 2,779 teachers.
- 15,733 teachers participated in on line suicide prevention training
- 91 counties have the curriculum in one or more schools

Memphis & Regional Respite Program (S/BG)
$112,803
The Memphis Respite Voucher Program is a respite subsidy program operating only in Memphis/Shelby County. This program provides vouchers to enable low-income families of children with SED or DD to pay for respite services when needed.

- Provided respite vouchers to 60 families; 43 families with children with SED and 17 families with children with developmental disabilities.

Mental Health 101 (S)
$60,000
Provides a mental health curriculum for middle and high school students, particularly targeting children of parents with serious mental illness. Also provides educational workshops on parenting skills for consumers of mental health services.

- Provided Mental Health 101 curriculum to 11,297 students at 51 schools in 21 counties in Middle and East TN.

- Created a "Strengthening Families" section on website (www.mhaet.com) to disseminate material and fact sheets about children and parents with mental illness 8,370 users logged in the fourth quarter. Fact sheets include:
    - Tips on Healthy Parenting for Mothers with Depression
    - Serious Mental Illness and Parenting
    - Explaining Mental Illness to Children
    - Custody Issues: When a Parent has Mental Illness
    - Risk to Resiliency: Protective factors for Children
    - Mental Illness in the Family: Recognizing Warning Signs and How to Cope
    - Issues and Challenges When a Parent has Mental Illness

Mule Town Family Network - MTFN (F)
$1,315,004
The goal of the MTFN System of Care grant is to provide a coordinated effort of state, county and local agencies for children and youth from birth to 22 years and their families. These services use a wraparound model for children with SED in Maury County. Centerstone and Tennessee Voices for Children are partners on this six-year (2005-2011), $6.7 million project, projected to serve some 440 families.
- Served 117 children and youth with SED

NAMI-TN (BG)
$47,500
NAMI-TN provides education and support activities for caregivers of children with SED.
- Three (3) With Hope in Mind Beginnings and 2 NAMI Basics courses were completed with 27 participants in Beginnings and 23 in Basic.
- NAMI volunteers in Lincoln, McMinn and Shelby Counties presented *Breaking the Silence* to 402 teachers and 293 students. NAMI Maury County has arranged with to train all school counselors in BTS with the intention that the curriculum be taught in every school to students in appropriate grades. NAMI Memphis has arranged to teach BTS to Boy Scout troops throughout the city.
- In response to Public Chapter 0247, urging two hours of teacher in-service education, NAMI Tennessee developed *Bridging the Gap*, a curriculum to introduce educators to children's psychiatric disorders and classroom management techniques. NAMI presented the curriculum to over 402 teachers including public school health educators and guidance counselors.

PEER Power-Prevention Education Enhances Resiliency (S)
$100,000
Grant program for grades 4-8 to strengthen youth resiliency through social skills enhancement.
- Provided PEER Power to 805 children in 6 schools in 5 counties in Middle TN.
- Pre/post test results = 64% reduction in discipline referrals; 92% improvement in two or more student behavior objectives, and 95% overall positive student satisfaction.

Planned Respite (S/BG)
$670,712
- Provides time-limited respite services, respite resource planning and behavioral education to families of children identified with SED, or dually diagnosed with SED and mental retardation, who are ages 2-15.
- Provided planned respite services to 191 families for 247 children.

Regional Intervention Program - RIP (S)
$1,023,041
An internationally recognized parent-implemented program of behavioral skills training designed for the early treatment of children under age six with moderate to severe behavior disorders and their caregivers. Parents learn to work with their own children, support one another and operate the program.

- RIP served 520 children from 475 families.
- RIP currently maintains a waiting list of 74 families.

Renewal House – Strengthening Families (S/BG)
$25,027
Renewal House offers residential care for addicted women and their children. Funding allows for on-site early intervention, prevention and counseling services to those children who are deemed at high risk of SED or substance abuse when no other payer source exists to access services.

- Fifty-nine (59) children in 34 families received on-site therapeutic services.

School-Based Mental Health Liaison Services (O)
$100,000
Funded by the Department of Education through DMHDD, provides two full time mental health liaisons for the Nashville/Davidson County School System. The R.E.P.L.A.Y. Program (Re Educating Promising Lives Among Youth) provides face-to-face consultation with classroom teachers to assist them in structuring the classroom to enhance the learning environment for children with SED. An array of mental health services are provided to assist teachers, students and classrooms in reaching goals related to behavioral and academic progress.

- Provided services to a total of 352 children and youth.
- Provided 14 formal training events for 188 school staff.
- Services include assessments, consultation with teachers and families, classroom interventions, individual and group counseling, home visits and crisis intervention.

Tennessee Lives Count (F/O)
$415,000
A youth suicide prevention and early intervention federal grant program to reduce the number of suicide attempts and completed suicides among at-risk youth and young adults ages 10-24. Training in youth suicide prevention and early intervention is provided to foster care parents and staff, school teachers, juvenile justice system staff and advocates, public health nurses, college faculty and students and other community individuals.

- Provided training in suicide prevention and early intervention to 11,979 persons.
- Aired public service announcements on both television and radio media.
- Distributed thousands of items for suicide awareness, including post-it notes, Frisbees, mouse pads, teen wallet cards, can holders, coffee mugs, etc.

TN Respite Network (S)
$88,175
The Tennessee Respite Network (TRN) is a statewide Respite Information and Referral service for families of children with SED or developmental disabilities. This service operates a toll-free phone line and utilizes a computer database of available respite resources. TRN also trains respite providers across the state and administers a respite subsidy program for families of children with SED who are on TennCare.

- TRN answered 1,000 calls for information and gave referrals to 311 families and professionals on respite resources.
- Approximately 251 families were served through the BHO respite subsidy program.
- Twenty-nine (29) persons successfully completed the Respite Provider training course.
- The respite provider database now totals 62 regular providers and 34 special providers, (identified by a particular family to serve only that family).

DMHDD CONTRACTS – GENERAL

All-Hazards Disaster Response Training (S)
$13,000
Funding to provide for certified courses in critical incident stress management (CISM) for peer first responders and behavioral health providers on voluntary CISM teams across the state.

- Provided course scholarships for September 2007 ICISF Conference for 26 peer responders to take a total of 37 certified courses including:
    - Building Skills for Crisis Intervention
    - Emotional and Spiritual Care in Disasters
    - Families and CISM: Developing a Comprehensive Program
    - From Battlefield to the Street: Post Combat Recovery and Reintegration of First Responders
    - From Trauma to Addictions
    - Group Crisis Intervention
    - Individual Crisis Intervention and Peer Support
    - Line of Duty Death: Preparing the Best for the Worst
    - Suicide Prevention, Intervention and Postvention
    - TEAM: Team Evolution and Management
- Provided two additional courses: Pastoral Crisis Intervention and Individual Crisis Intervention and Peer Support with a total of 103 participants.

Building Strong Families (F)
$2,500,000
The Building Strong Families in Rural Tennessee (BSF) grant project uses the Homebuilders Model to provide intensive in-home services to families whose children are at risk of state custody because of the parent's methamphetamine or other substance use. BSF also provides intensive in-home services to similar families whose children are being re-unified after state custody. The project serves families in 8 rural counties in the south central area of Tennessee: Bedford, Cannon, Coffee, Grundy, Franklin, Lincoln, Moore and Warren. (Reporting period 4/08 through 9/08)

- Served 28 adults; 37 children and 19 families (31 children in in-home care; 6 children in state custody)

Cultural Competency (S/BG)
$44,200
The cultural and linguistic competence initiative is an educational, awareness building, and competency based program to enhance agency and professional awareness of the impact of culture on positive outcomes of mental health services.

The goal is to assure culturally and linguistically appropriate services that improve access, remove barriers, and eliminate disparities in the care received by racial, ethnic minorities, and other undeserved groups.

- *Mental Health Training for Interpreters* curriculum was provided to 32 interpreters.
- *How to Work with an Interpreter* training was provided to 104 professionals

The grantee maintains a web based list of interpreters available by county/language: http://www.ichope.com/index.cgi?token=107926131146&page=plhelpinternational.html

Data Infrastructure Grant (F)
$272,094
A SAMHSA Community Mental Health Data Infrastructure Grant to assist states in developing the ability to report National Outcome Measures. The Tennessee Outcomes Measurement Systems (TOMS) was developed in collaboration with TAMHO. The project was piloted beginning September 2006 and expanded to community mental health contract agencies between April and July 2007. During FY08, twenty (20) CMHAs participated in the TOMS project. TOMS participants significantly increased the number of surveys given during FY08 as shown in the table below:

Survey Type	***9/15/06 – 9/28/07***	***7/1/07 – 6/15/08***	***% Increase***
Adult (Age 18 and Up)	27,032	12,327	119%
Parent/Caregiver (Age 5-12)	6,903	3,981	73%
Youth (Age 13-17)	4,648	2,448	90%

Beginning in late FY08 and early FY09, the MHSIP survey will begin to be completed by a random selection process of TOMS participants. TOMS data was used to complete the 2008 SAMHSA Uniform Reporting System Tables and National Outcomes Measures as applicable.

Forensic Evaluations – Inpatient (S)
$23,469,750
Adult criminal court and juvenile court evaluations for competency to stand trial and/or to assess mental status at the time of the offense for persons whose evaluation cannot be completed on an outpatient basis. State psychiatric hospitals and three (3) other hospitals or residential services entities provide inpatient evaluation services.

- Provided 489 inpatient adult forensic evaluations
- Provided 757 inpatient juvenile forensic evaluations
- Provided Forensic Evaluator Certification to 17 psychiatric hospital staff and 6 mental retardation staff.
- Provided Forensic Evaluation Re-Certification training to 95 attendees and recertified 85 forensic evaluators.

Forensic Evaluations – Outpatient (S)
$1,160,000
Adult criminal court and juvenile court evaluations for competency to stand trial and/or to assess mental status at the time of the offense for persons in jail or in the community. Nine (9) CMHAs are contracted to provide outpatient forensic evaluations for the courts.

- Provided 2,389 adult outpatient forensic evaluations
- Provided 63 juvenile outpatient evaluations
- Provided Forensic Evaluator Certification to 10 community mental health Professionals

Forensic Targeted Transitional Support (S)
$84,000
Forensic targeted transitional funding is used to bridge the gap from discharge of a forensic service recipient to a community agency when the individual is not able to obtain benefits until after discharge. Assistance is temporary until financial benefits are established.

- Funds were expended to attain and maintain discharge for 15 adult forensic service recipients.
- Payments provided assistance for the following needs: 67% for housing, 11% for necessities such as clothing, eyeglasses, and utilities, 7% for transportation, 2% for medications and 13% on other needs
- Average amount spent per person was $2,688.60.

Methamphetamine Evidence-Based Treatment & Healing Grant – METH Grant (F)
$496,388
The METH grant uses an integrated model of support services, community education, and direct services to expand access and treatment for addiction to methamphetamines and other emerging drugs for individuals and their families in the rural Tennessee counties of Coffee, Franklin, Grundy, Lincoln, Moore, and Warren.

- 698 intake assessments have been conducted, and 180 individuals have enrolled in the Matrix Model
- 89 clients have completed the 16-week Matrix Model curriculum and graduated from the program

The program has discharged 176 clients. Of them, 52% of discharges occurred because of program completion, 30% because the client terminated treatment without satisfactory progress, and the remaining 18% were due to incarceration, referral to a higher level of treatment, etc.

PASRR- Preadmission Screening and Resident Review (S-Medicaid)
$1,100,000
The PASRR program screens admissions to nursing facilities per federal law to determine whether individuals who are positive for mental illness per a Level 1 prescreening are appropriate for nursing home admission or need other “specialized services” for the treatment of their mental illness. This is accomplished by performing a full evaluation according to federal guidelines. The State Mental Health Authority also monitors the need for specialized services after admission by performing Resident Reviews. The Medicaid agency must contract with the State Mental Health Authority that in turn contracts with a private entity.

- Sites: 330 licensed nursing facilities
- Population Served: 3,800

TN Suicide Prevention Network (S)
$146,000
The Tennessee Suicide Prevention Network (TSPN) is a statewide coalition of agencies, advocates and consumers developed to oversee the implementation of strategies to eliminate/reduce the incidence of suicide across the life span, to reduce the stigma associated with suicide, and educate communities throughout the state about suicide prevention and intervention.

- Trained 5,431 professionals in Question, Persuade, Refer (QPR) suicide risk reduction.
- Distributed 7,221 resource directories.

- Eight (8) Regional Suicide Prevention Task Force groups held 103 meetings.
- Supported 10 support groups for persons losing someone to suicide and 2 support groups for persons surviving a suicide attempt.
- Maintained an informational website www.tspn.org with 58,349 hits during the fiscal year.
- Distributed more than 50,000 bulletins, pamphlets, flyers, magnets and brochures on suicide awareness, assessment and intervention.

Funding Codes:	BG = CMHS Block Grant F = Federal Grant M = Medicaid (TennCare) O = Other State/Interdepartmental S = State DMHDD Budget Allocation
Funding Note:	Dollar figures shown are amounts originally allocated and may not match total dollars contracted and/or expended during FY08 in any one service/program/project.

Full detailed reports are available for grant programs upon request to TDMHDD.
Questions or requests may be directed to:
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